

**MARY HELEN ROBERTS TRUST**  
ALSO KNOWN AS THE WILLIAM AND HELEN HAUBACH TRUST

**APPLICATION FOR GRANT**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number of Applicant: \_\_\_\_\_ **RETURN TO FIRST TRUST BY 5/16/2025**

Email Address of Applicant: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Township: \_\_\_\_\_

Federal Employer Identification Number of Applicant: \_\_\_\_\_

The Applicant certifies that it is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code or is a unit of local government that would use the Grant for which application is made for charitable, educational or scientific purposes. **If the Applicant is a Section 501(c)(3) organization, please attach a copy of the I.R.S. notice granting tax-exempt status.**

Amount of Grant Requested: \_\_\_\_\_

Charitable, religious, educational, or scientific purpose of Grant:

\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed, attach an additional page.)

If a Grant is awarded, the Applicant agrees to use that Grant only for the charitable, religious, educational, or scientific purpose set forth above. At the completion of the project or use for which the Grant is sought, the Applicant agrees to provide to the Trustee a detailed accounting as to how the funds were spent and to provide any additional information which the Trustee may request to establish that the funds were spent for the charitable, religious, educational, or scientific purpose for which the Grant was sought. In the event that any funds are not spent for the charitable, religious, educational or scientific purpose set forth above, the Applicant shall, upon demand, immediately refund any funds not used for that purpose to the Trust. Failure to do so will result in appropriate legal action being taken against the Applicant. The undersigned certifies that he or she has authority to sign this application on behalf of the Applicant and to bind the Applicant to the obligations set forth in this paragraph.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Return Completed Application To:  
First Trust and Savings Bank  
120 E. Walnut St. P O Box 160  
Watseka, IL 60970-0160  
815-432-2494

\_\_\_\_\_  
(Authorized officer or agent of Applicant)

\_\_\_\_\_  
(Title)