

2006
The Lawyers Foundation of Georgia
Challenge Grants Application Cover Sheet

SECTION OR BAR NAME	AMOUNT REQUESTED:
PROGRAM NAME:	PERIOD:
PROGRAM DIRECTOR:	PURPOSE:
RELATIONSHIP TO EXISTING PROGRAMS:	MISSION:
HOW IT MEETS THE FOUNDATION OBJECTIVES:	ACCOMPLISHMENTS TO DATE:
NAMES AND SIGNATURES OF TWO FELLOWS OF THE LAWYERS FOUNDATION OF GEORGIA: _____ _____ _____ _____	CONTACT PERSON(S) with Addresses and Phone Numbers: