## 2026 NSSA State Shoot Assistance Grant Application

Return application to NSSA by **Deadline: December 1, 2025** 

Year:			
Club Name:			
Address:			
City:	State:	Zip:	
Mailing Address (if d	ifferent from above):		
City:	State:	Zip	:
Shoot Date:			
Shoot Manager:			
Host Club Contact:		Phone:	
State Association Con	ntact:	Phone:	
Has this club ever he	ld a State Championship be	fore:	
		Date:	
	Attenda	nce:	_
	for this event:		
Dollar/Donation amo	ount of sponsors:		
	ation provide financial assi		
Yes:	No: Ho	ow Much:	<u></u>
event?	the Grant be used to impro		attract new participants to the
paid after completion provide, within 30 da	n of the shoot after receivin	g required documentati pense receipts and repo	oot enhancements. Grant will be on. Host club will be required to rt regarding the Grant Funds.
Club Representative		Date	
State Association Rep	presentative	Date	
Zone Representative		Date	