# WEST LINN LIONS CLUB

# REQUEST FOR FUNDING

This form is to be filled out by an individual or group who wishes to apply for financial assistance from the West Lions Club. Please fill out all applicable information and attach support materials or project explanation and mail to West Linn Lions P.O. Box 19363 Willamette Dr. #163, West Linn, OR 97068

Applicant Name: (Primary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Secondary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization/group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Application Y or N

Date requested \_\_\_\_\_\_\_\_\_\_\_ Amount requested \_\_\_\_\_\_\_\_\_ Amount received \_\_\_\_\_\_\_\_\_\_\_\_



Please give a brief description as to who will be receiving the funds, how will the funds be used, what is the over all-purpose of the funding (Attach separate sheet if required)

Funds requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date funding needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal ID tax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nonprofit 501(c)(3) Other

Attach additional information on separate sheets

Lion club member/sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Date Rec.  Board hearing  Status  Disposition |