



KIWANIS CLUB OF STEILACOOM

Dedicated to changing the world, one child and one community at a time.

APPLICATION FOR SUPPORT

Instructions: Fill in this application completely. If you need more space for any answer to a question, add additional pages. Bear in mind that your application may be competing with other requests and your ability to answer the following questions will determine the degree to which your application is supported, if at all.

Application Date: _____ **Date Decision Needed:** _____

Applicant Organization (if any): _____

Contact Name: _____ **Email:** _____

Contact Street Address: _____

Contact City, State, Zip: _____

Contact Phone: _____

Describe the activity or project for which you are seeking support; include the start and completion date, if applicable:

Who and how many will benefit from this project and how?

How does this project or activity fit into the goals and purposes of the Kiwanis?

What is the total cost of this project or activity in terms of dollars, volunteer hours or both?

What specific support are you requesting from the Kiwanis Club of Steilacoom?

What additional support are you requesting or receiving from other sources?

THIS SECTION FOR CLUB USE ONLY

Service Committee Action:

Date Action Taken: _____

Action Taken: Approved Declined Recommend to Board Other – See Notes

Notes:

Board of Director's Action (if necessary):

Date Action Taken: _____

Action Taken: Approved Declined Other – See Notes

Notes:

Applicant Notified on _____ by _____