

**APPLICATION FOR FINANCIAL ASSISTANCE
FROM SOUTH COWICHAN ROTARY CLUB**

1. The Applicant

Name of organization _____

Contact person _____

Address _____

Telephone _____

Fax _____

Email _____

2. The Project / Need

A brief description of the project / need for assistance _____

Total budget for project _____

Financial contributions being made by the applicant _____

Financial contributions being made by others _____

Amount requested from South Cowichan Rotary Club _____

Community or international benefit provided by the project _____

Are members of your organization prepared to provide some community or international service in exchange for financial assistance? _____

If so, describe _____

3. Time Frame

When are the funds required? _____

When will the project be completed? _____

4. Other Information

Provide any other information which would assist the South Cowichan Rotary Club in considering your request. In providing this information, bear in mind the policy considerations set forth on the reverse side of this page.