



Rotary Club of The Pas

Financial Assistance Application

Please print clearly. Applications must be reviewed at an executive meeting which usually occurs at the end of the month. If approved by the executive, it is then presented for approval at the next members' meeting. You will contacted regarding status once the process has been completed.

*Completed form should be returned to
The Rotary Club of The Pas
Box 833
R9A 1K8*

Date of Application _____ Applicant/Organization _____
 Contact Person _____ Position/Title _____
 Phone Number _____ P.O. Box _____ Postal Code _____
 Fax Number _____ e-mail Address _____
 Description of Request _____

Full Amount of Project/Event \$ _____
 Amount being Requested from the Rotary Club of The Pas \$ _____
 List other entities that these funds have been requested from _____

List fundraising activities that have been done to date _____

Would you or your organization be interested in assisting with Rotary volunteer projects? _____
 List any previous support you have received from The Rotary Club of The Pas _____

Please state two (2) contact people in addition to the person stated above.
 1. Name _____ Phone Number _____
 2. Name _____ Phone Number _____

Signature of Applicant _____
 Who should the cheque be payable to? _____ A signed receipt will be required

***** Club Use Only *****

Assistance Application Processing

Board of Directors	Approved _____	Denied _____	Date _____
Signatures	President _____	Treasurer _____	Secretary _____
Membership	Approved _____	Denied _____	Date _____