

Rotary Club of Saskatoon North



Application for Assistance

Name of Applicant or Organization _____

Address _____ Postal Code _____

Date of Application _____ Contact Person _____

Phone _____ Cell _____ E-mail _____

Description of Request _____

Total Amount of Project \$ _____ Amount Requested \$ _____

Please note that financial statement and receipts are required for confirmation prior to final approval of our grant. Failure to provide this will result in a request for repayment of any funds paid out.

Would you or your organization be interested in assisting with Rotary volunteer projects?

Name of Applicant _____ Signature _____

Please return this application to The Rotary Club of Saskatoon North, PO Box 9554, Saskatoon, SK, S7K 7G1

Rotary Executive meets on a monthly basis. Your application will be presented to the executive for discussion at the next meeting.

Date application reviewed _____ Approved ____ Denied _____

Club President signature _____

Service project director _____

Treasurer _____