



The Rotary Club of Stratford Charitable Foundation
Request Committee Application
Requests Under \$5,000

Thank you in advance for taking time to complete the application.
The request committee meets on the third Monday night of each month and will get back to you within 5 days of the meeting.

Note: All personal information collected in this application will be kept strictly confidential with the Rotary Request Committee Members.

Name of applicant:

Address including postal code:

Email address:

Home phone:

Cell/mobile phone:

Are you applying for yourself, or on behalf of another person (dependent child, dependent parent, adult or child in your care)? If applying for another person, please indicate your relationship to the person (parent, child, caregiver) and whether you have authority to share their personal information and act on their behalf.

Who referred you to apply to Rotary:

What is the total amount you require?

Please attach medical quotes.

How much in total are you requesting from Rotary?

How much of your own money will you contribute toward the total amount required?

Have you approached any other organizations for funding (OHIP, Trillium, etc.)? If so, who.

How much have other organizations committed?



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Please provide a background of your situation and why you need Rotary's financial help (500 words max).

If you have any further questions please don't hesitate to email request@rotarystratford.com
Please email the completed form to request@rotarystratford.com