

Rotary Club of Glens Falls, New York

Application for Funding (\$500 or more)

1. Date _____
2. Requesting Organization: _____
3. Address: _____
(Please provide the complete name and mailing address of your organization. If funding is approved, this is where the check will be mailed.)
4. Person Making Request: _____
Phone #: _____
5. Name of Project: _____
6. Has this project been funded before by Glens Falls Rotary?
YES NO (circle one)
7. Please briefly describe the project, how Rotary funds would be used, and other sources of funding:

8. Please describe how the project fits into one of the Avenues of Rotary Service (Club service (strengthening fellowship and functioning of the Club), Vocational service (serving others through our vocations while practicing high ethics), Community service (projects and activities to improve life in the community), and International service (to expand Rotary's humanitarian reach to promote world understanding and peace):

9. How could Glens Falls Rotarians personally assist in the implementation of the project?

10. If funding is provided by Glens Falls Rotary, how will the Club and Rotary be acknowledged publicly for their contribution (signage, etc.)?

Amount Requested: _____

Date Required: _____

Please mail this application to:

**Rotary Club of Glens Falls
PO Box 2702
Glens Falls, NY 12801**