

FOUNDATION APPLICATION

Capital____ Program____

Date:

Amount Requested:

Name of organization/history: (no more than 1/2 a page)

Purpose of the organization/activity/project: (no more than 1/2 a page)

Objectives of the program: (only if for a program request no more than 1 page)

Capitol/Program Budget:

Intended use of the funding: (no more than 1/2 a page)

How will this funding benefit the community: (no more than 1/2 page)

What investment of time, services or funds are being made by others:

Evaluation: There will be the requirement of no more than a 1 page report back to the foundation of the result of the project.

Name, Address and Phone number of sponsoring applicant:

What Rotarians are involved with the project?

The Aurora Rotary foundation reserves the right to request additional information from the applicant.