

## **ROTARY CLUB OF ALEXANDRA CHARITABLE TRUST**

Application for financial assistance from the Rotary Club of Alexandra Charitable Trust

Full name of applicant:							
Name of Group if applicable:							
Address: Phone Contact:							
Email:							
What is the nature of the activity you require financial assistance with?							
. What is the total amount required?							
What monetary amount are you seeking from Rotary?							
Have you applied to other organisations for assistance? YES, OR NO							
If 'YES' list the names of these organisations below and the amount applied for							
What have you done to raise funds for yourself?							
How much have you raised so far?							
After completing the activity how will the activity benefit either yourself or your organisation?							

In what way w	ill the activity be b	eneficial to the	community?			
	red to speak at a l					NO
	nt a club, school o			ons being spo	onsored by th	nat
Please add fur	ther notes or infor	mation that mag	y assist the Ro	otary Club in	considering	your application
complete the p	for financial assis project for which th b of Alexandra Ch	ne funds have b				
	eased on evidence oplication for fundink account.					
	e attach a copy of red funding to be o				the Bank Ac	count Number
Signature:				I	Date	

Return your application, bank deposit slip and accompanying documentation to :

The Rotary Club of Alexandra, P0 Box 191, Alexandra 9320.