

Application Form "A"

The completion and submission of this form does not guarantee that the beneficiary will receive benefits, or the amount of benefits requested. Each application is considered on its merits in conjunction with the philosophy of Rotary International and The Old Saybrook Rotary Club Foundation. Rotary Club decisions are reached after weighing a multitude of factors including, but not limited to, budgetary constraints.

(To be completed by those who will not be a direct beneficiary of the proposed grant)

Purpose of Grant- Why is funding needed? Who will benefit and how?

Name of Program or Individual Beneficiary _____

Do you certify that beneficiaries of this grant qualify as needy? _____

If so, what criteria do you use (such as Temporary Family Assistance, family receiving food stamps or free or reduced lunch programs)?

Time Period of Requested Grant: Start _____ Finish _____

How much funding are you requesting from Old Saybrook Rotary Club? \$ _____

Will assistance or funding from other sources be required? _____

Please identify other sources and amount of funding or assistance requested

If services or materials are to be used in program, will they be obtained by donation

Or reduced cost? _____

Grant funds should be made payable to? _____

Does applicant certify that the funds will be used for the purpose requested? _____

Name of Applicant _____ **Title of Applicant** _____

Phone number of Applicant _____ **Date submitted** _____

Application Form "B"

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(To be completed by individuals who will benefit directly from proposed grant)

GENERAL INFORMATION (Please print)

Applicant Name _____

Address _____

Phone _____

Summary: Briefly describe how you will use the requested funds for your education/training or special need

Total amount needed for your education/training or special need \$ _____

How will this grant help improve your life?

Name of institution where you will be trained _____

If you need child-care, provider's name _____

Cost of education or training \$ _____

Cost of child-care \$ _____

Other financial needs (books, uniforms, transportation, other) \$ _____

Total amount needed for your education/training or special need \$ _____