



# Kiwaniis®

Ozark Coast Kiwanis Club

**Please submit the following in writing (*Use additional paper if needed*):**

Name of Individual: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How much are you requesting? \_\_\_\_\_

1) What/Who will benefit from the funds?

3) When do you need the funds for your request?

4) List any organizations who you are contacting.

5) Tell Kiwanis any other details that may help understand the need/request.

**Applicant Signature X:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Kiwanis Club Information:**

Date Received \_\_\_\_\_ Amount Recommended \$