

Chartered in 1979

Chicora Rotary



SERVICE Above Self

GRANT APPLICATION - 12/8/03

PO Box 70101 - Myrtle Beach, SC 29572

Please use the back of the form for any overflow or additional information.

Name of organization: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Year founded: _____ IRS 501(c)(3)? Y_____ N_____ Nationally affiliated? Y_____ N_____

Type of services (check all applicable): Health & Human Services _____ Youth Activities _____

Recreation _____ Religious _____ Education _____ Culture & arts _____ Child Welfare _____ Housing _____

Other _____ (Explain briefly)

Mission statement: _____

Amount of request \$ _____ for Operations _____ Capital Program _____

Total budget of the organization \$ _____

If nationally affiliated, percent of total budget sent to headquarters? _____% _____N/A

Specific purpose of this grant: _____

Other donors to this project of \$1,000 or more (four highest):

Signed _____ Date _____ Position: _____

For Chicora Rotary Treasurer:

Previous Chicora Rotary gifts to this organization (amounts & years): _____

Board action & date: _____

Check issued: amount \$ _____ date _____ check # _____