

## Wilsonville Kiwanis Outreach Program

29030 SW Town Center Loop • Suite 202-256 • Wilsonville, OR 97070

[www.wilsonvillekiwanis.org](http://www.wilsonvillekiwanis.org)

### Request for Funding

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

Organization's tax-exempt Identification number \_\_\_\_\_

### **REQUEST**

Amount requested \$ \_\_\_\_\_ Date needed: \_\_\_\_\_

Purpose of Request:

Who will benefit?

Please mark the age group(s) the proposed activity will serve.

- Infants & toddlers (up to age 5)  
 Children (ages 5-12)  
 Youth (ages 13-18)

Other sources of funding for this purpose:

Brief Program description:

Other information about your program or the beneficiary that you would like to share:

### **Certification**

I hereby affirm that the information provided in this application is accurate and complete to the best of my knowledge

\_\_\_\_\_  
Requestor signature

\_\_\_\_\_  
Date