

University Sunrise Rotary Club
Member Grant Program
Application

Rotary Member's Name: _____

Home Phone: _____ Work Phone: _____

Name of Organization or Project: _____

501(c)3?: Y N

Organization Address: _____

Organization Contact (Director, Board Member) & e-mail address:

Organization Phone: _____

Organization Web Site: _____

Organization's Mission or purpose of Project:

Member's connection to Organization or Project: _____

How Long? _____

Amount Requested: _____ Date funds are needed: _____

How will funds be spent?: _____
