

Rotary Club of Aurora United P.O. Box 5352, Aurora, IL 60507-5352 www.aurorarotary.org

APPLICATION FOR REQUESTED FUNDS/FUNDING

Please type or print. You may use text boxes for computer input on application.

Name of Organization:	
Address:	
City / State / Zip:	
Contact Person:	
	E-mail:
Requested Amount: \$	Date Funds Needed:
Purpose of Funds (Be specific):	

Please continue to answer the following qu	estions.	Yes	No
1. Is your organization not-for-profit (501C3)?			
Does your organization use volunteers? If yes, how many?			
3. Has your organization requested assistance by the Rotary Club of Aurora United in the past? When?			
4. How many years has your organization bee	n in existence?		
5. How many people/families will this request Please use specific numbers known or percent			
Aurora:			
County:			
6. Please provide an explanation/illustration of the funds accomplish for your organization?		utcomes	would
7. Authorization – I hereby acknowledge with the organization to submit this application. I further do consist is complete and truthful to the best of my knowledge information provided will automatically disqualify the Club of Aurora United.	ertify that the information provided with and agree to the terms within. I unders	hin this ap stand that a	plication any false
Authorized Signature/Print Name	 Date		