



Ft. Wood Community Spouses' Club
"Sharing is Caring"

APPLICATION FOR WELFARE FUNDS

1. Name and Address of Organization:
2. Is Organization a charity of nonprofit? YES NO
3. Is Organization tax-exempt? YES NO
4. If YES, provide Taxpayer Identification Number:
5. Source(s) of financial support:
6. Please tell us about the purpose of your organization, types of activities, number of persons served, etc...

7. Specific purpose for which requested funds will be used:

8. Total budget for this purpose:
9. Amount requested from FWCSC:
10. Who will benefit from the funds?

11. Please list other organizations solicited for this purpose, and the amount(s) requested:

12. If request is approved, check should be made payable to: _____
13. Point of contact for your organization:
Title: _____ Name: _____
Phone: _____ Signature: _____

FWCSC must receive applications NLT 31 March for consideration in APRIL, with distribution of monies in MAY; or NLT 31 OCT for consideration in NOVEMBER with distribution on monies in DECEMBER. Consideration is based solely on the information provided by the organization. Return application to PO BOX 238, Ft. Leonard Wood, Mo 65473