



Received: _____

No.: _____

APPLICATION FOR GRANT FROM THE KIWANIS FOUNDATION OF INDIANAPOLIS, INC.

Requester's Name: _____

Address: _____

Person to Contact: _____

Telephone: _____

*Requester's Principals, Officers and Directors: _____

Are you a Foundation? _____ Yes _____ No

*List your endowments and the approximate amount thereof, if any: _____

Amount you request from this Foundation (optional): \$ _____

Attach a description and the purpose of the request together with any brochures.

*Attach your budget for this request.

Number of persons to be directly benefited by this request: _____

Age or age group of persons to be benefited directly: _____

*Other Foundations, organizations or persons from whom you are making request for financial or material assistance for the project or purpose for which the request is being made. _____

*Give the total amount of assistance given or pledged for the project as of the date of this application. \$ _____

*List the names of donors or pledgers to this project as of the date of this application. _____

*Do you receive financial or material support for your overall budget or operation? _____ Yes _____ No

If answer is "Yes", list the total approximate value of the support and its percentage of your budget. \$ _____ %

*Note the percent of your Board that contributed to your organization in the previous year. _____ %

Signatures of **two** Indianapolis Downtown Kiwanis members: _____

**Not applicable to requests for scholarships or camperships.*

07/03