

## **Request for Financial Support**

Date of request:	Amount requested: \$
Board of Directors. Requests for funding are a	s committees and must be approved by Hastings Kiwanis accepted at anytime, although awards are made according to nce or rejection response within 60 days of request.
Name of organization:	
Address:	
Phone:	Email:
Name of organization's director:	
Contact person's name, phone, email and ma	iling address (if different from above):
How will this funding be used? (50 words or le	ess)
Provide a brief summary of your organization's	s mission. (Complete here, on reverse or attach a sheet.)
Hastings Kiwanis meets Thursdays at noon.	
Would you come as a guest to one of our mee	etings to receive your check?
Would you be willing to give a 15-20 minute p use of the funds?	rogram to our club about your organization's objectives and

## Submit this completed request form to:

Hastings Kiwanis Board at <a href="mailto:board@hastingskiwanis.org">board@hastingskiwanis.org</a> or mail to Hastings Kiwanis PO Box 1293 Hastings, NE 68901