

KIWANIS CLUB OF SANTA MARIA SPONSORED YOUTH FUNDS REQUEST FORM

PO Box 85
Santa Maria, CA 93456



Date Submitted: _____

santamariakiwanis.org

Form available on-line at:
santamariakiwanis.org

Notice: All requests for funds must be submitted to the Board for their review and action prior to the event or project occurring. Request must be received by the Secretary at least one week in advance of any Board meeting to be properly scheduled.

Name of Sponsored Group	Advisor	
Mailing Address	When will funds be needed?	
City/State/Zip	Contact Telephone	Fax
Contact Person	Contact E-mail	
Summarize your project: (Attach additional detail as needed.)	Grant Request Amount \$	

1. Advisors Approval: _____ Date: _____

2. Board of Directors Review Date: _____

3. Board Action: Approval _____ Denied _____ Date: _____

Board Comments:

Name and Signature of Authorized Member: _____ Date: _____