

**LAKE WISCONSIN LIONS CLUB
APPLICATION FOR SERVICES OR GRANTS**

Date: _____

Individual or Organization Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ FAX: _____

E-mail: _____

Application must be submitted by September 1st to be considered for the October Annual Budget.

Can this request be considered during our Budget review time in September? _____

Does this request need to be considered prior to our Budget review time in September? _____

Does this request need to be considered as soon as possible? _____

Date Services or Grants are needed by: _____

Are you prepared to submit a Financial Disclosure Statement if you are requested to? _____

What is the purpose of this request/project and how would the Lions contribution be used?

Who would benefit and how? _____

What are you asking the Lions to provide? Money _____ Time/Labor _____ (Specifics, please)

Would you like to attend a Club Meeting to discuss your request? _____

Are you able to attend a Club meeting if there are questions on your request? _____

(Use additional sheets if needed to help us understand your request)

Please complete and mail two (2) copies to:

Lake Wisconsin Lions Club
P.O. Box 298
Poynette, WI 53955