



Name _____

Address _____

City, State, Zip _____

Contact _____

Email _____ Phone _____

Amount Requested _____ Date Needed _____

Are you available to make a brief personal presentation in support of your request if needed?

Our Kiwanis Board meets on the third Tuesdays each month at noon. Yes No

1. What communities will these funds support?

Burlington West Burlington Danville Middletown Mediapolis

Other _____

2. How would your program help children or improve our community?

3. How many children does this program support? _____

What are the ages _____

4. Will these funds be used to start a new program? Explain. Yes No

5. How do you measure the effectiveness of your program?

6. Have we funded this program in previous years? Yes No
If so, how much? _____