

Soroptimist International of Lakeview Programs of Service Application

You must be a nonprofit in order to apply for our Programs of Service funds.
Applications must be received by December 31st. Mail to P.O. Box 1128, Lakeview, OR 97630.

Applicant Information	
Name: _____ Mailing Address: _____ _____	Contact Name: _____ Title: _____ Phone: _____ Email: _____
Date of Application: _____	Applicant's Signature: _____
Project Information	
Project Title: _____	Project Start Date: _____ Completion Date: _____
Amount Requested: _____	Does this project have funding from other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Funds requested may not be used for employee wages.)</i>
How will this project benefit women and girls? _____	
Project Summary (250 words or less—you must include a budget): _____ _____ _____	
<i>Selected applicants will be asked to support and participate in any Soroptimist fund-raisers designated to benefit their organizations. Funds will be disbursed in June.</i>	

(Attach additional pages if needed.)