

The Sebring/West Branch Area  
Community Foundation



P. O. Box 70, Sebring, OH 44672  
Phone: (330) 938-9877

APPLICATION FOR FINANCIAL ASSISTANCE

To assist the Sebring-West Branch Area Community Foundation in evaluating your request for financial aid, answers to the following will help determine whether this request meets the purposes and financial objectives of the Foundation.

LEGAL NAME OF ORGANIZATION \_\_\_\_\_

PRINCIPAL ADDRESS \_\_\_\_\_

List of officers or trustees: (if part of a national organization, give names of local personnel in charge)

_____	_____
_____	_____
_____	_____
_____	_____

Summarize briefly the purposes or objectives of your organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of financial assistance requested: \_\_\_\_\_

Date by which assistance is needed: \_\_\_\_\_

If granted, what use will be made of these funds? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEBRING-WEST BRANCH AREA COMMUNITY FOUNDATION  
APPLICATION FOR FINANCIAL ASSISTANCE  
PAGE 2

Name the principal and other sources from which your organization has been receiving financial support: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of years of organization's existence to date: \_\_\_\_\_

Please attach recent financial statement, if available.

Is your organization tax exempt? \_\_\_\_\_

Does your operating personnel (individuals in charge) consist of unpaid volunteers or paid employees? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

PLEASE RETURN THIS APPLICATION ALONG WITH ALL REQUESTED INFORMATION TO:

Attn:

Sebring-West Branch Area Community Foundation  
P.O. Box 70  
Sebring, Ohio 44672

PLEASE GIVE CONTACT REPRESENTATIVE AND TELEPHONE NUMBER TO ANSWER ANY QUESTIONS THE BOARD OF TRUSTEES MIGHT HAVE:

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_