



The objectives of the Waukesha Sunrise Rotary Club Charitable Fund Inc. are exclusively charitable and/or educational (See Grant Guidelines below)

Requests for Grants must be submitted on this form.

Date of Application: _____

Individual or Organization: _____

Contact Person Name: _____

Mailing Address: _____

Phone/e-mail: _____

Type of Request Grant _____ Loan _____ Award _____ Scholarship _____

Total cost of project or activity \$ _____

Amount requested from the Waukesha Sunrise Rotary Club Charitable Fund, Inc. \$ _____

Please provide the following information. (Attach additional sheets as necessary)

Description of project or activity including objectives, purpose of funding, other sources of funding, geographic area served, beneficiaries, date of event, etc.:

Brief description of Organization include purpose, history, financials, programs, services, etc.

Submit this application to: Waukesha Sunrise Rotary Club Foundation Inc.
1915 MacArthur Road, Suite 4A
Waukesha, WI 53188

Signature: _____

Grant Guidelines

The Waukesha Sunrise Rotary Club Charitable Fund Inc. only provides grants for the following purposes:

- Promoting and aiding education
- Furnishing of charitable aid
- Loans, scholarships, awards, and/or grants for educational or charitable purposes

The Charitable Fund's Grant Program recognizes proposals that specify program objectives with measurable outcomes, and limits funding to one year. Renewed support depends upon successful results.

Preference is given to organizations located in Waukesha and surrounding communities.

Applicants will receive an acknowledgement of their grant application

Applicants will be contacted if additional information is needed.

Decisions on applications are generally made within two months of submission.

IRS 501©3 regulations require acknowledgement to the Charitable Fund, Inc. by the applicant for all approved grants in excess of \$250.

(For Rotary Use Only)

Date Grant Application Received _____

Step 1 Waukesha Sunrise Rotary Club Charitable Fund, Inc. Board of Trustees Review

Approved _____ Rejected _____

Authorizing Signature _____

Step 2 Check Preparation _____
(Check #) (Date Prepared)

Step 3 Acknowledgement _____
(Author) (Date Received)