



# CAROLINA DISTRICT KIWANIS FOUNDATION GRANT APPLICATION



**CLUB KEY NUMBER:** \_\_\_\_\_

**CLUB NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**GRANT NAME:** \_\_\_\_\_

**FINANCIAL NEED:** \$ \_\_\_\_\_ . \_\_\_\_\_ Provided by \_\_\_\_\_

\$ \_\_\_\_\_ . \_\_\_\_\_ Provided by the Kiwanis Club identified above

\$ \_\_\_\_\_ . \_\_\_\_\_ Requested from the Carolina District Kiwanis Foundation

**GRANT DESCRIPTION:**

**PRIOR GRANTS:**

**OTHER ORGANIZATIONS:**

**SIGNATURE:** \_\_\_\_\_  
Authorized Club Official
Title
Date

**Mail to: Carolina District Kiwanis Foundation  
 Mary Blalock, Secretary/Treasurer  
 P.O. Box 772**