

Kiwanis Club of Rock Island

Grant Request Form

1. Name of Organization:

2. Project Title:

3. Amount Requested:

Would you accept less than the amount requested?

4. Description of Project:

5. Date(s) of Project:

6. What ages are the children (if any) this Grant will serve?

7. How many children/people in Rock Island will this Grant serve?

8. Major Funding Sources other than Kiwanis:

9. Is this your first request for funding from the Kiwanis Club of Rock Island?

10. Please list your previous Grant(s) awarded by the Kiwanis Club of Rock Island:

11. How will your organization publicly acknowledge this Grant?

12. Do you have a friend(s) in Kiwanis who supports this Grant Request?

13. Signature: _____ Title: _____

14. Contact Person:

Address:

Telephone: ()

e-mail:

Only one page may be submitted to this Grant Request to provide additional project details.

Application deadlines are: February 1, May 1, August 1 and November 1. Grant Requests are reviewed quarterly by the current Club Board of Directors. Organizations will be notified by mail within 30 days after the quarterly meeting to determine if their Grant Request was granted. Grants must be accepted by a representative of the solicitor at a Club meeting.

Emergency funding may be available depending upon the nature of the request. All requests are allowed equal consideration.

Please submit to: **Kiwanis Club of Rock Island, P.O. Box 3434, Rock Island, IL 61204-3434**

New Member Information Form



Full Name _____ Nickname _____ Gender _____

Home Address _____
City State/Province Zip/Postal Code

Home Phone _____ Spouse/Partner Name _____

Company Name _____ Title _____

Business Address _____
City State/Province Zip/Postal Code

Business Phone _____ Fax Number _____ E-Mail Address _____

Send Kiwanis mail to: Home Work

If you are a former Kiwanian: Club Name _____ Date Left (mo/day/yr) _____

Length of Membership _____ If you are a life member, life member # _____

Date of Birth: _____
(mo/day/yr)

I accept this application for membership and agree to conform to the bylaws of this club and comply with the obligations of membership as explained to me by my sponsor.

Committee Preference

- Club Administration
- Community Service

Date: _____
(mo/day/yr)

Applicant Signature: _____

CHECK ONE BLOCK PER CATEGORY		
PRIMARY EMPLOYMENT	JOB CLASSIFICATION	EDUCATION ATTAINED
Codes 1 <input type="checkbox"/> Banking/Finance 3 <input type="checkbox"/> Comm/Media 5 <input type="checkbox"/> Construction 7 <input type="checkbox"/> Education 9 <input type="checkbox"/> Government 11 <input type="checkbox"/> Legal 13 <input type="checkbox"/> Manufact.(Heavy) 15 <input type="checkbox"/> Manufact.(Light)	Codes 17 <input type="checkbox"/> Medical 19 <input type="checkbox"/> Nonprofit 21 <input type="checkbox"/> Real Estate 23 <input type="checkbox"/> Religion 25 <input type="checkbox"/> Retail 27 <input type="checkbox"/> Transportation 29 <input type="checkbox"/> Wholesale 94 <input type="checkbox"/> Other	Codes N. <input type="checkbox"/> Elected O. <input type="checkbox"/> Management P. <input type="checkbox"/> Partner/Owner Q. <input type="checkbox"/> Professional R. <input type="checkbox"/> Sales S. <input type="checkbox"/> Supervision T. <input type="checkbox"/> Technical V. <input type="checkbox"/> Retired X. <input type="checkbox"/> Other
		Codes A. <input type="checkbox"/> Grade School B. <input type="checkbox"/> High School C. <input type="checkbox"/> Tech. Business School D. <input type="checkbox"/> Assoc. Degree (2 yrs.) E. <input type="checkbox"/> Baccalaureate Degree (4 yrs.) F. <input type="checkbox"/> Master's Degree G. <input type="checkbox"/> Grad. Prof. Degree

Note: For membership statistics only. Kiwanis International does not provide its membership information to third parties.

Receipt

Date _____
(mo/day/yr)

Received of _____ \$ _____ Cash or Check

For _____



Received by _____

New Member Sponsor

To the Board of Directors of the Kiwanis Club of _____

I take pride in proposing _____

as an active member of the club and have confidence that this individual will become a valuable member.

Date: _____ (mo/day/yr) Sponsor Name: _____

Sponsor Signature: _____ Additional Club Member: _____

Recommended by Membership Committee

Date: _____ (mo/day/yr) Chairman Signature: _____

Membership Class: _____ Suggested Classification: _____

Elected to Membership by Board of Directors

Date: _____ (mo/day/yr) Secretary Signature: _____

Member Accomplishments

Total Years of Perfect Attendance _____

Offices Held: _____

Awards: _____
