



# Rotary Club of Westerville Sunrise

## Charitable Recipient Request

Please fill out the information below completely. Funded amount will not exceed \$250. Must be used for programming, no operational/brick & mortar programs.

Must be a Westerville Resident/ within the Westerville School District

Name/Organization \_\_\_\_\_

Responsible Person \_\_\_\_\_

Date of Request \_\_\_\_\_ Date funds needed \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Have you received previous funding from the Rotary Club of Westerville Sunrise.

If yes: When \_\_\_\_\_ What project \_\_\_\_\_ Amount funded \_\_\_\_\_

### I. **Service Category** – (check the one which most closely applies):

- Community Service
- Vocational Service
- Education Service
- Youth Service

### II. **Priority Need Category** – (check the one which most closely applies):

- Children at Risk (Health)
- Poverty/Hunger (Human Services)
- Environment (Beautification/Preservation)
- Illiteracy (Education)
- Violence (Safety/Security)

### III. **Project Review Considerations:**

1. Include a letter of support from a member of the \_\_\_\_\_ community and/or an involved organization.
2. Describe in one page, your request needs for what \_\_\_\_\_ item/program.
3. Describe how the funds will be used. Improve local \_\_\_\_\_ community members' lives? List goals/objectives.

1. How will the Rotary Club of Westerville Sunrise be acknowledged?  
\_\_\_\_\_
2. Provide a summary report on outcomes/community impact/project results? A final report is due 30 days post activity/event.  
\_\_\_\_\_
3. Note: Each group may only request funds one time per year.
4. Project funding will be limited to two consecutive years.  
\_\_\_\_\_
5. All requests must be made in writing and should not exceed three pages.

**Send the completed application to:**

Mark Oldenquist  
Rotary Club of Westerville Sunrise  
6910 Kindler Dr.  
New Albany OH 43054  
m.oldenquist@multivista.com