

ALDEN MEN'S CLUB

GRANT REQUEST FORM

NAME of the RECIPIENT _____

ADDRESS _____ TOWN _____ ZIP _____

CONTACT _____ PHONE _____

IS the RECIPIENT WITHIN the PRESCRIBED AREA? _____

AMOUNT REQUESTED \$ _____

WHAT is the NEED?(description of need) _____

HOW WILL the GRANT ALLEVIATE the NEED? _____

WILL the PROBLEM CONTINUE? _____

NAME of THE PERSON MAKING the REQUEST _____

DATE _____

GRANT COMMITTEE RECEIVED on _____

INVESTIGATED by _____ APPROVED/DISAPPROVED _____