## ROTARY CLUB OF AIKEN COMMUNITY SERVICE GRANT APPLICATION

NAME OF ORGANIZATION ADDRESS	
TELEPHONE	TAX ID NUMBER
CHIEF STAFF OFFICE	≣R
Major Funding Source	s:
Amount Requested:	TAX ID NUMBER
Purpose of Request:	
*Volunteer Hours Requ	uested and Purpose:
Please attach appropri	ate documentation as follows:
<ul><li>List of the Boar</li><li>Additional expl the specific ne</li></ul>	rd of Directors lanatory material such as the services provided, target population served and ed that will be addressed if the amount requested is awarded.
Chief Staff Officer	Board Chair
Date	
at www.aikenrotary.co	•
Return application to:	Rotary Club of Aiken -or- by email (above) Attn.: Community Service Grants P. O. Box 685 Aiken, SC 29802

\*Please note that our members would like to invest time and effort to support specific projects you may need help with. You may now apply for a financial grant as well as volunteer hours.