



**Junior League of Owensboro
Short Term Funding Request
for Non Profit Agency**

To be accompanied by a budget explaining funding and a current financial report.

DATE OF APPLICATION: _____

AMOUNT REQUESTED (not to exceed \$500.00): _____

1. Name of Organization:
2. Name of contact person for Organization:
3. Contact phone number:
4. Contact email:
5. Present address of Organization:

6. Purpose of organization and services rendered:

7. State Organization's Mission and Vision:

8. For what purpose is the amount requested to be used (not to exceed 500 words):

The application is to be signed by an officer of the applicant, who accepts personal responsibility for the truth of the matters contained therein

(Signature)

(Date)

(Title)

Please return this form and requested information to:
Junior League of Owensboro
c/o Community Research Committee
PO Box 1703
Owensboro, KY 42302