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

DATE OF APPLICATION: _____ AMOUNT REQUESTED: _____

1. Name of Organization: _____
2. Name of contact person for Organization: _____
3.Contact Phone Number: _____
4.Contact Email: _____

5.Mailing Address: _____
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6. **Mission of organization and services rendered:**

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7. **For what purpose is the amount requested to be used** (not to exceed 500 words)?