



SAN DIEGO LIONS WELFARE FOUNDATION
INDIVIDUAL GRANT APPLICATION

Grant requests must be submitted via email with all documents bundled together as ONE ATTACHMENT to SDLIONSCLUB@GMAIL.COM.

DATE OF REQUEST: _____ **DATE FUNDS NEEDED:** _____

REQUESTOR NAME _____

HOW MUCH MONEY ARE YOU REQUESTING FROM THE S.D. LIONS CLUB?

IF APPROVED, TO WHOM SHOULD THE CHECK BE MADE AND WHERE SHOULD IT BE MAILED?

FOR WHOM ARE YOU REQUESTING THIS FUNDING?

MYSELF OTHER (S)

YOUR CONTACT PHONE NUMBERS (Please submit two, if possible)

YOUR EMAIL ADDRESS _____

YOUR MAILING ADDRESS

IF YOU ARE REQUESTING FUNDS FOR ANOTHER PERSON, PLEASE COMPLETE THE FOLLOWING QUESTIONS.

NAME OF RECIPIENT(S) _____

YOUR RELATIONSHIP TO THIS PERSON(S) _____

RECIPIENT PHONE NUMBER _____

RECIPIENT EMAIL _____

RECIPIENT MAILING ADDRESS

LION SPONSOR FOR REQUEST (If Applicable) _____

IS RECIPIENT OF REQUEST A U.S. CITIZEN OR LEGAL U.S. RESIDENT?

U.S. CITIZEN

LEGAL U.S. RESIDENT *(If Resident, Please provide copy of Alien Registration I.D. Card and Number.)*

REGISTRATION I.D. NUMBER: _____

PLEASE DESCRIBE HOW THIS MONEY WILL BE USED

HAVE YOU REQUESTED OR RECEIVED FUNDING FROM ANY OTHER SOURCE (S)?

PAST FUNDING HISTORY FROM THE S.D.LIONS WELFARE FOUNDATION (Year & Amount, Past Five Years)

PLEASE PROVIDE THIRD PARTY MEDICAL/SPECIAL ED LETTER, DOCUMENT OF DIAGNOSIS OR REQUIREMENT FOR THERAPY, if applicable.

€ DOCUMENTATION IS ATTACHED

PLEASE COMPLETE THE FINANCIAL DATA FORM BELOW FOR ALL WAGE EARNERS IN THE HOUSEHOLD OF THE PERSON RECEIVING FUNDS

FINANCIAL DATA: Income tax figures from a complete and filed tax return(s) for the prior year.

HOUSEHOLD INCOME, FEDERAL TAX AND ASSETS (include all if filing separately.)

Income	Adjust Gross Income (Line 31 of Prior Year 1040)	\$ _____
	Non Taxable Income (Soc. Sec., Child Support, AFDC, etc.)	\$ _____
	Total U.S. Federal Tax Paid in Tax Year	\$ _____
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Assets	Cash, Savings, Checking accounts, Investments	\$ _____
	Home, if owned: Assessed Value	\$ _____
	Current Mortgage Balance	\$ _____
	Medical Expenses (not covered by insurance)	\$ _____

How many dependent children in the household and their ages:

Number _____ Ages _____

Explain below any unusual circumstances in the household that affect the family's finances
(*illness, elderly dependent family member, etc.*)

I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide verification of the information I have given on this form, including a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any funding granted by the San Diego Lions Club. If my/our request is funded, I will provide a full accounting of how or where the funds were expended within two months of my/our check receipt from the S.D. Downtown Lions Club.

Signature _____ Date _____

Requestor Instructions: The San Diego Lions Welfare Foundation funding process involves three separate group reviews and can take from five weeks up to three months. To expedite the process please

*ensure that **the full application packet** is received via mail as one attachment prior to the first day of each month. There are no meetings in December. Holiday requests should be received no later than September 1.*

San Diego Lions Club Welfare Foundation, 310 Market Street, San Diego, CA 92101
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EMAIL: sdlionsclub@gmail.com WEBSITE: www.sandiegolions.org
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