

Omega Nu Phi Gamma Chapter | 2025 Grant Application 1000 Country Club Dr. Modesto CA 95356 omeganucharity@gmail.com

Organization:				501(c)(3)	Yes	No
Street Address:						
City:	State:	Zip:	P]	hone:		
Contact Person:			Email:			
Mission of Organization:						
Population Served: Special Programs:						
Agency Budget:	Budget f	or Reques	ted Progra	m:		
Funding Sources: Donation	City/County	State	Federal	Other:		
Past Omega Nu Recipient Yes	No Amoun	t Received	l in past ye	ear:		
If you received Omega Nu funds la	st year, how were	the funds	used?			
How did this support your progra	am?					

Amount of th	nis year's request \$.				
Proposed use of Omega Nu funds (attach additional page if necessary)					
_	operating expenses. Suggested requests may include tangible items and scholarships.				
TT 1 1 .					
Under what o	other names or organizations are you requesting funds from Omega Nu?				
Completed by	y:				
Title:					
Date:					
Website Add	ress:				
Facebook	@				
Instagram	@				
Twitter	@				
Combost for 1					
Contact for lo	ogo, marketing information:				