



**Kiwanis**  
CLUB OF SUNRISE VISTA

Name of the Applicant:	
Applicant Street Address:	
Applicant City, ST., Zip:	
Applicant Phone Number:	
Applicant Email Address:	
Applicant Web Site:	
Is applicant an individual, group, or 501(c)(3) corporation?	<p><u>Please select only one:</u> Applicant is an Individual Applicant</p> <p><input type="checkbox"/> is a Group Applicant is a 501(c)(3) corporation, if 501(c)(3)</p> <p><input type="checkbox"/> what is your corporate ID # _____ Other</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/></p>
What amount of funds is requested?	
What is the unmet need?	
Please briefly but fully describe how requested funding will be used. (Use an attachment if needed)	
Will the funds requested from the Sunrise Vista Kiwanis Foundation be combined with any other funding?	
Is or are the beneficiaries of funding a resident or student in Vista, CA.?	
Is or are the beneficiaries of funding a resident or student in Northern San Diego County?	

By signing below, the applicant affirms understanding and agrees to comply with the funding process of the Sunrise Vista Kiwanis Foundation and affirms that all information provided is true and accurate.

Date \_\_\_\_\_

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