



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 5019(c)(3) corporation?	<p><u>Please select only one:</u> Applicant is an Individual <input type="checkbox"/> Applicant is a Group <input type="checkbox"/> Applicant is a 501(c)(3) corporation, if 501(c)(3) <input type="checkbox"/> what is your corporate ID # _____ Other <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?	



Is the individual(s) or group(s) benefiting from funding financially challenged and lack the personal resources to pay for the requested services or goods without help? (please describe)	
If the applicant is an organization, is it a current 501(c)(3) corporation in good standing that provides charitable goods or services to individuals, including individuals residing in North San Diego County? (please describe)	
Will the funds be used to support a special emphasis project of Kiwanis International i.e. Eliminate Project, Youth Service Leadership, etc.? (please describe)	
Is applicant a member of the Kiwanis Family? (please describe)	<input type="checkbox"/> K Club <input type="checkbox"/> Circle K <input type="checkbox"/> AKTION Club <input type="checkbox"/> Key Club <input type="checkbox"/> Builders
Has applicant applied for or received funding from the Sunrise Vista Kiwanis Foundation within the last 5 years; if yes, please describe:	
	Please attach up to 2 pages of additional materials or comments to help us understand your request for funding,

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.

 Signature of Applicant

 Date

Please deliver by email to the Secretary of the Sunrise Vista Kiwanis Foundation.
 Nancy Speaks at e-mail address: nspeaks2@gmail.com