



## Application for Charitable Funds

Arley Women's Club, Inc.

P. O. Box 15

Arley, AL 35541

*501c3 Non-Profit Organization*

Instructions: Complete the form and acquire required signatures. Email completed form with attachments to: [treasurer@arleywomensclub.org](mailto:treasurer@arleywomensclub.org) no later than March 31, 2025.

|  |  |                     |  |
|--|--|---------------------|--|
| Date:  |  |                     |  |
| Organization:  |  | Tax Status:         |  |
| Organization Mission/Goals                               |  |                     |  |
|  |  |                     |  |
| Program/Services offered by your organization:           |  |                     |  |
|  |  |                     |  |
|  |  |                     |  |
| Submitter's Name:  |  |                     |  |
| Email address:   |  |                     |  |
| Cell Phone:  |  |                     |  |
| Address:   |  | City/State/Zip Code |  |
| Describe your request:                                   |  |                     |  |
|  |  |                     |  |
|  |  |                     |  |
| Purpose of request:                                      |  |                     |  |
|  |  |                     |  |
|  |  |                     |  |
| Benefit to individuals or organization:                  |  |                     |  |
|  |  |                     |  |
| Amount Requested:  |  |                     |  |
| Other sources of funding/matching fund for your request: |  |                     |  |
|  |  |                     |  |
| Attach a quote and a photo of item to be purchased.      |  |                     |  |
| Signature:   |  |                     |  |
| Principal Signature (for school requests):               |  |                     |  |
| For AWC use only: Grant #                                |  | Amount:             |  |