**LENNOX HEAD LIONS CLUB**

**APPLICATION FOR FUNDING**

 Return Address: PO Box 319

 Lennox Head NSW 2478

 or lennoxhead.nsw@lions.org.au

|  |  |
| --- | --- |
| Name of Applicant / CLUB/ Association: |  |
| Mailing Address: |   |
| Email address: |  |
| Contact Person: |  |
| Phone Number: |  |
| Club/Association membership Number:(Where appropriate) |  |
| Amount Requested: |  |
| Project to be funded: |  |
| **Purpose of project.**Please provide a short summary of the project.(Attach further sheets if required) |  |
| Bank Details: | BSB: Account  |
| Who will benefit from this grant? |  |
| Are members available to assist with Lions Club projects? (eg market BBQ, raffle sales). If so, who may we contact for assistance? Please incl contact details. | Yes / No |
| Signed: Date: |  |

**NOTE:** Following the granting of funds, the Lennox Head Lions Club reserves the right to request that the applicant provide a brief report on the use of these funds.