

Scandinavia Booster Club, PO Box 232, Scandinavia, WI 54977
Grant Application

Mission: The Scandinavia Booster Club is dedicated to building and promoting a strong, dynamic community for family, business and recreation through financial support and community spirit. Accordingly, we invite local organizations and individuals to apply for financial support for projects, events, and other special needs that meet the above-stated mission.

Please fill out this form and either email, mail or hand deliver it to the Booster Club. If more space is needed, please attach additional sheets. By accepting any grant or funding from the Scandinavia Booster Club, Applicant agrees to use the funding for the purpose requested and to provide a refund to the Scandinavia Booster Club to the extent such funding is not so used.

Applicant (List Requesting Organization/Individual): _____

Project/Event Description: _____

How does this Project/Event fit the Booster Club Mission? _____

Starting Date of Project/Event: _____ Completion Date: _____

Total Cost of Project/Event: _____ Amount Requested: _____

Funds Raised To Date: _____

List of organizations who have donated: _____

Remaining Funding to be provided by (circle all that apply):

Private Donations Fundraising Activities Requesting Organization's Accounts Other

When is Funding needed? _____ Make Check Payable to: _____

Project/Event Leader (name, mailing address, phone and email): _____

Secondary Project/Event Contact (name, mailing address, phone and email): _____

Signed by (Applicant): _____ Date: _____