



FUNDING REQUEST APPLICATION

ORGANIZATION INFORMATION

PLEASE PRINT

ORGANIZATION NAME: _____

CONTACT PERSON AND TITLE: _____

TELEPHONE NUMBER: _____ E-MAIL _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

DATE ORGANIZATION STARTED: _____ FEDERAL TAX EXEMPT #: _____

WRITE A BRIEF DESCRIPTION ABOUT YOUR ORGANIZATION AND ITS MISSION: _____

PROGRAM INFORMATION

PROGRAM NAME: _____

PERSON RESPONSIBLE FOR PROGRAM: _____

AMOUNT REQUESTED FROM TSWA: _____ TOTAL ANNUAL PROGRAM BUDGET: _____

WRITE A BRIEF DESCRIPTION ABOUT OUR PROGRAM AND HOW THE FUNDING WILL BE DISTRIBUTED:

PLEASE COMPLETE AND MAIL TO:
TSWA FUNDING COMMITTEE
P.O. Box 42654
TUCSON, AZ 85733