This form should be received at least two (2-4) weeks prior to the date the funding is needed. Forms may be submitted to any Newberg Rotary Foundation Board Member or sent to:

David Parker, Newberg School District~ 714 E 6th St ~ Newberg, Oregon 97132

Name of Organization, Individual, Activity or	r Project:
Amount of Request: \$	Date funding is needed:
Name of Primary Contact:	Advisor/Sponsor:
Address:	City, State, Zip:
Day Telephone #:	Evening Telephone #:
Brief Description of Organization, Activity or	Project:
Primary benefit to the community, the Organ	nization, Activity or Project, # of persons impacted:
Primary benefit to the community, the Organ	nization, Activity or Project, # of persons impacted:
Primary benefit to the community, the Organ	nization, Activity or Project, # of persons impacted:
Primary benefit to the community, the Organ Total estimated cost of Activity or Project: \$ (Attach a general budget of estimate)	nization, Activity or Project, # of persons impacted:
Primary benefit to the community, the Organ Total estimated cost of Activity or Project: \$ (Attach a general budget of estimate) List other organizations from which you are	nization, Activity or Project, # of persons impacted:
Primary benefit to the community, the Organ Total estimated cost of Activity or Project: \$ (Attach a general budget of estimate) List other organizations from which you are	nization, Activity or Project, # of persons impacted:
Primary benefit to the community, the Organ Total estimated cost of Activity or Project: \$ (Attach a general budget of estimate) List other organizations from which you are Organization:	nization, Activity or Project, # of persons impacted: ———————————————————————————————————
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