



# JUNIOR LEAGUE OF **GREATER COVINGTON**

## **COMMUNITY ASSISTANCE GRANT APPLICATION**

**2018-2019**

Form Completed By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Applicant: \_\_\_\_\_

League Focus Area Addressed (Check all that apply):

\_\_\_\_\_ Social Services \_\_\_\_\_ Services to Youth

\_\_\_\_\_ Community Awareness \_\_\_\_\_ Cultural Enrichment

\_\_\_\_\_ Service to the Elderly \_\_\_\_\_ Education

Associated Agency/Organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Name of Director: \_\_\_\_\_

Title: \_\_\_\_\_

Is this a tax exempt, non-profit agency/organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Amount of Request: \_\_\_\_\_

Specifically, what will the funds be used for?

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Who will benefit from these funds?

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How many citizens will this money affect? \_\_\_\_\_

Have you received funding in the past from the Junior League of Greater Covington? If yes please indicate date(s) and amount(s). \_\_\_\_\_

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Please attach any brochures or materials which will be of help to us in considering this request.

Mail this form to: Community Vice President JLGC P.O. Box 117 Covington, LA 70434