

**JOHNSTOWN BRANCH
AMERICAN ASSOCIATION OF UNIVERITY WOMEN**

REQUEST FOR FUNDS

1. Organization Name:			
2. Purpose of the organization:			
3. Organization Officers:			
President :		Treasurer:	
Address:		Address:	
Phone:		Phone:	
4. Amount Requested:			
5. How will the money be spent?			
6. Brief description of how this will benefit the community?			
7. Do individual members of your organization make a financial profit from any activities sponsored by the organization			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you a tax exempt organization?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Percentage of operating expenses received from the following:			
Taxes		Auxiliary	
Endowment		Community Chest	
Signature of AAUW Member:			Date:
Address:			
Return To: Cindy Bennett, 149 McClain Hill Road, Armagh, PA 15920			