

**Seymour Noon Lions**

**1 time grant application**

Organization Name

Click here to enter text.

Organization Mailing Address

Click here to enter text.

Contact Person

Click here to enter text.

Contact Phone Number and Email Address

Click here to enter text.

Has a representative visited our club in the last 6 months? Click here to enter text.

Visitors name and Date of visit.

Click here to enter text.

Did visitor give a presentation to the club? Click here to enter text.

If no one has visited in the last 6 months is someone available who can visit and give a presentation?Click here to enter text.

Name of presenter and contact information if different from above.

Click here to enter text.

If no one is available to visit please provide a brief reasoning. Click here to enter text.

Please provide a brief description of what funds will be used for. Click here to enter text.

Amount of funds being requested or amount needed for project. Click here to enter text.

Please send completed application to [support@seymournoonlions.org](mailto:support@seymournoonlions.org) or mail to Seymour Noon Lions Attn Brad Nolan Treasurer, PO Box 34, Seymour IN 47274

Thank you for your application it will be reviewed at our next board meeting.