

Bixby Optimist Club
Request for Financial Support Application

It is the policy of the Bixby Optimist club that all financial assistance requests benefit those that live in the Bixby and Liberty School Districts

Name of group _____

Type of project _____

Amount to be raised by your organization _____ Amount asking _____

Number of youth served/effected by project _____

Number of members in your organization: _____

Number of members involved in project: _____

Contact Person _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Date of project ____ / ____ / ____

Date funds are needed ____ / ____ / ____

List other organizations solicited for project funds: _____

If your group is awarded funds please prepare a post event/award report that can be read or delivered at our monthly lunch meetings. Thank you