



## Dover Spouses' Club Welfare Request Form

Thank you for your interest in applying for charitable funds from the Dover Spouses' Club (DSC). Funds to support the charitable and educational endeavors of the DSC are raised from the DSC's Annual Craft Show, held in November. The DSC has a long history of charitable giving and we are pleased to be able to distribute these funds to deserving charities and organizations.

To assist you in your application for funding, please consider the following:

\*The DSC Welfare Committee meets the second Wednesday of the month. We require that all donation requests be received electronically or postmarked at LEAST 35 days prior to your event/cause to be considered for funding.

\*Incomplete applications will not be processed for consideration.

\*Funds cannot be given to individuals.

\*To assist us in evaluating your request, be specific as possible:

\* Ask for an exact amount of funding.

\* Give us as much information as possible about the program you want us to support and how it will directly affect the community.

\* If you are asking for a specific item, or items, give us the exact cost, where it can be purchased, and what it will be used for.

\*Please print this Welfare Request Form and send it, along with any additional information, to:

Dover Spouses' Club  
P.O. Box 2001  
Dover, DE 19902

NOTE: The DSC's fiscal year concludes May 31st and resumes August 1st. Welfare requests submitted during the summer (June & July) will be considered once the Board reconvenes in August at their first meeting.

### **Applicant Information:**

Name of Organization: \_\_\_\_\_

This Organization is: (Circle One) Military/Civilian

Point of Contact (POC): \_\_\_\_\_

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

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

POC Email Address: \_\_\_\_\_

Organization's Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Date Funds are Needed/Date of Event: \_\_\_\_\_

Total Event/Project Cost: \_\_\_\_\_

Check Payable to (if accepted): \_\_\_\_\_

**Purpose of Funding:** (state the purpose of the request and an itemized list of how the funds will be spent, BE SPECIFIC AS POSSIBLE):

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**Other Funding Received Toward Project:** (fundraising, donations, grants, etc.)  
*If yes, please list. If no, explain why?*

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**Beneficiaries:**

Numbers of persons who will benefit from these funds: \_\_\_\_\_

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If approved, how will this donation benefit the military and/or surround community?

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What is the long-term benefit of this donation?

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Impact if welfare request is not approved?

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**FOR INTERNAL USE ONLY – COMPLETED BY THE DSC WELFARE TREASURER OR CHAIR**

Date Received: \_\_\_\_\_

Approved/Denied: \_\_\_\_\_

Award Date: \_\_\_\_\_

Check Number: \_\_\_\_\_



