



Organization Name:

Organization Mission Statement:

Years in Existence: Are you a 501c3 Organization? YES NO

If no, please list your organization tax status:

Address:

City: State: Zip:

Contact Person:

Contact Phone Number:

Contact Title:

Contact Email:

Website:

Has SCOPE donated to your program or event in the past? YES NO

If yes, when and how much?

Date/(Amount):



Project Information:

Project Title:

Number of Youth Involved:

Approximate Ages of Participants:

Geographic Area to be Served:

Event Date:

Date Funds are Needed By:

Total Project Cost: \$

Amount Requested from SCOPE: \$

Is Any Other Organization Being Asked to Fund this Project? If Yes, Please list:

Please Provide a Description of How Funds will be Used:

Additional Comments or Pertinent Information:

Name:

Signature:

Date: