

## District No. 3 Fraternal Funds Program

*Funds are received from the International Lodge Fraternal Program each year and are intended to be used to support cultural, youth, sports programs and Leadership seminars.*

### TO REQUEST THESE FUNDS, PLEASE COMPLETE THIS APPLICATION

DATE SUBMITTED: \_\_\_\_\_ EVENT DATE: \_\_\_\_\_

NAME \_\_\_\_\_ LODGE OR ZONE AFFILIATE \_\_\_\_\_

TELEPHONE/E-MAIL \_\_\_\_\_

PURPOSE OF REQUEST \_\_\_\_\_

BRIEFLY DESCRIBE EVENT: \_\_\_\_\_

INCOME (if applicable): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL INCOME \$ \_\_\_\_\_**

EVENT EXPENSES (i.e.: hall rental, postage, photocopying, etc. Please provide receipts.)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

BUS (to cultural event) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES \$ \_\_\_\_\_**

**CONTACT PERSON** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If approved: Check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Mail completed form to:

**Karen Olsen-Helmold**

**183 Evergreen Ave.**

**Bethpage, NY 11714**

DATE REC'D FORM \_\_\_\_\_ FF# \_\_\_\_\_