## **Welfare Request Form**



## **Guidelines**

- 1. Incomplete welfare request forms will not be processed.
- 2. Please attach any supporting documents detailing the purpose of your request, including program descriptions, order forms, catalogs, item numbers, pamphlets, etc.
- 3. Completed forms should be received by the last Tuesday of the month in order to be considered at the ASC Board of Governors' monthly meeting.
- 4. Please email additional questions to welfareusafasc@gmail.com
- 5. Forms may be emailed to the above address, provided required signatures are included. Forms may also be mailed to the following address:

Air Force Academy Spouses Club C/O Welfare Chair P.O. Box 78 USAFA, CO 80840

## **Applicant Information** Name of Organization This Organization Is: Military/Civilian (Circle One) Point of Contact: POC Phone Number: POC Title: Mailing Address: City, State, Zip Code: Amount Requested: Date Funds are Needed: Total Event/Project Check Payable to (If Cost: Approved: **Purpose of Funding** Please state the purpose of your funds request. Be as specific as possible.

Other Means of Funding	
Do you have any other means of fundin	g this request? (i.e., fundraising, corporate events/sponsorship, grants, etc.)
Beneficiaries	
Number of persons who will benefit from these funds:	
Percentage of those persons who are military and/or military family members:	
If approved, how will this donation benefit the military and/or surrounding community?	
What is the long-term benefit of this donation?	
	For Schools
All requests submitted on behalf of any school must have the prior approval of the Principal.	
Name of School:	
Name of Principal:	
Signature:	
Date:	
_	
For Internal Use Only	
Date Received:	Approved/Denied:
Award Date:	Check Number:

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