Charitable Funds Donation Request Form

Date Submitted: _____

Guidelines

1. Incomplete welfare request forms will not be processed.
2. Requests will be prioritized according to the guidelines posted on the SSC website.
3. Please attach any supporting documents detailing the purpose, plans and/or needs of your request, including program descriptions, order forms, catalogs, item numbers, pamphlets, etc.
4. Please email additional questions to: **charitable.shawsc@gmail.com**
5. Forms may be scanned and emailed to: **charitable.shawsc@gmail.com** or be mailed to the following address:

Shaw Spouses Club

PO Box 52337

Shaw AFB, SC 29152

Applicant Information

Name of Organization	_____	This Organization Is:	Military / Civilian (Circle One)
Point of Contact:	_____	POC Phone Number:	_____
POC Title:	_____	POC Email Address:	_____
Mailing Address for Check:	_____	City, State, Zip Code:	_____
Amount Requested:	_____	Total Event/Project Cost:	_____
Organization Website Address	_____	Check Payable to (no personal names):	_____

Purpose of Organization

What is the mission of your organization, and how does it benefit our local Shaw AFB / Sumter community?

Purpose of Funding

Please state the purpose of your funds request, and how it would be spent. Be as specific as possible, to include a breakdown of costs justifying the amount you are requesting.

Beneficiaries

Total Number of people impacted _____ Number that are Military _____ Number that are local _____

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

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 Request Received: _____ Approved/Denied Award Date: _____

Award Amount: _____ Check Number: _____

Shaw Spouses' Club is a private organization. It is not part of the Department of Defense or any of its components, and it has no governmental status.