



GRANT REQUEST FORM

The Marion High School Alumni Association is dedicated to helping meet the needs of its local community in line with the principles of the MHSAA Bylaws. Requests must be approved by applicable program or department leader and building principal before submission. All donation requests will be reviewed quarterly unless an "Emergency Need" request is made, which will be reviewed on an as-needed basis. (Please be advised that requests for political contributions or donations to political causes will not be considered.) All approved requests will be paid by check only.

Please fill out this form completely and legibly, in blue or black ink or computer printout, and deliver to a current MHSAA board member, email to info@mhsalum.com, or mail to this address: Marion High School Alumni Association, P.O. Box 448, Marion, IN 46952

DATE OF REQUEST: _____ **AMOUNT REQUESTED:** \$ _____

NAME OF ORGANIZATION / GROUP & SCHOOL: _____

PHONE / EMAIL: _____

ADDRESS: _____

NAME OF PERSON REQUESTING DONATION: _____

POSITION WITH ORGANIZATION / GROUP: _____

PHONE / EMAIL: _____

Are you authorized to request funds on behalf of the organization / group? YES NO

AD or program director approval signature (required if applicable)

Principal approval signature (required)

Is the organization a tax exempt 501(c)3 non-profit? YES NO

If yes, please provide tax exempt non-profit tax id #:

Briefly describe the organization / group's primary purpose / mission. (Attach brochures, pamphlets, fliers if available.)

Has MHSAA given to your group in the previous 12 months? YES NO

What other local sources of funding are available to support the project?

FORM CONTINUES ON REVERSE SIDE >>

By signing below, I (we) affirm that the information being provided is true and correct to the best of my (our) knowledge. I (we) also consent, should a donation be awarded, to the use of the organization's name and other information (logo, photos of the organization and its agents, etc.) in any promotional material generated by Marion High School Alumni Association for their use. I (we) also agree to provide a Tax Acknowledgement Letter for any donation given and provide evidence of our 501(c)3 status, if so requested by MHSAA. I (we) agree that this form and any additional information provided to MHSAA about the organization will be kept and not returned, regardless of whether the request for donation is approved or declined.

SIGNATURE OF REQUESTER: _____

TITLE OF REQUESTER: _____

MAKE CHECK PAYABLE TO: _____

NAME / ADDRESS TO BE MAILED TO (if applicable):

~ FOR MHSAA USE ONLY ~

Date request received: _____ **Received by:** _____

APROVED **DECLINED**

Amount awarded: \$ _____

Date: _____

CHECK MAILED (Date: _____)

~ or ~

CHECK PICKED UP / RECEIVED BY: _____

(Date: _____)