

JUNIOR LEAGUE OF ODESSA, INC. APPLICATON FOR COMMUNITY ASSISTANCE FUND

Please type or print the following application and return to:

Community Vice President

Junior League of Odessa, Inc.

2707 Kermit Highway

Odessa, TX 79764

Phone #432-332-0095

Date of Application:	
Name of Organization:	
Address:	
Telephone:	
Contact Person: T	
Address:	
Do you have a 501c or 501c(6) tax exempt status? _ • Please provide us with a copy of your ce	
What is the amount of money you are requesting?	
What is the cost of the program/need?	
Please provide a specific breakdown as to how the re	•
Why is Junior League emergency funding being req	uested?

Are other community agencies or groups being asked for support?	
If so, who and what kind support?	

THIS APPLICATION MUST HAVE THE FOLLOWING ITEMSATTACHED:

- 1. This year's operating budget.
- 2. The most current financial statement or annual audit.
- 3. Invoice or at least 2-3 written estimated for proposal.
- 4. Any other detailed information that would be helpful to the Community Assistance Fund Committee.