



APPLICATION FOR THE
CANADIAN FEDERATION OF UNIVERSITY WOMEN
WHITE ROCK/SURREY CLUB
COMMUNITY GRANT

Name of Organization	
Contact Person	Position with Organization
Phone	Email
Address	
Purpose/Goal of the Organization	

Purpose of the Grant	
Funds Requested	Time Frame for Use of Grant

Operating Budget – please attach

Do you receive funding from the BC Gaming Commission?	YES	NO
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Evaluation Procedures (how will you measure and report the success of the project?)

Publicity Strategies (how will you publicize receipt of the grant?)

Forward the completed application form to The Treasurer, CFUW White Rock/Surrey Club,
Box 75039, Surrey, BC V4A 0B1

Receipt of grant application deadline to be announced.

Grant recipients will be notified.

Contact Information: Name: (Print) _____

Signature: _____

Date: _____