

Application For Financial Assistance

Application Date _____ Amount Requested _____

Club Name _____

Club Contact (Name, Address, Phone #, Email) _____

Purpose & Date Needed _____

Expected Results _____

Club Membership _____ Average Dance Attendace _____ Monthly Dues _____

Visitors Cost per Dance _____ Number of Dances per Month _____

Cash Balance - Current _____ One Year Ago _____

Financial Statements for Previous Year and Current Year to Date Must Be Attached.

Signed By (Two Officers/Club Representatives)

Name _____ Title _____

Name _____ Title _____

Submit to: Chuck Hicks, 704 Gatewood Avenue, High Point, NC 27262, chicks1@triad.rr.com

For Federation Use Only

Approved _____ Rejected _____ Date _____

Committee Chairman _____