

THE AMERICAN WOMEN'S CLUB OF THE HAGUE

AWC PHILANTHROPIC APPLICATION

A. YOUR ORGANIZATION NAME OF THE CHARITY ORGANIZATION: TELEPHONE:_____FAX:____ EMAIL: NAME OF CONTACT PERSON:_____ **B. YOUR PROPOSED PROJECT** DESCRIBE THE TOTAL PROJECT (please include photographs, brochures, etc.) LIST EQUIPMENT AND MATERIAL YOU ARE ASKING FOR WITH CORESPONDING COSTS (use attachment if necessary). HAS THE AWC FUNDED YOUR ORGANIZATION IN THE PAST? IF YES, PLEASE DESCRIBE: WHAT OTHER SOURES OF FUNDING ARE AVAILABLE FOR THIS

PROJECT?____

C. GENERAL QUESTIONS

WHEN WAS YOUR ORGANZIATION FOUNDED?		
TOTAL NUMBER OF EMPLOYEES VOLUNTEERS	ON SALAR	RY
COUNTRY WHERE REQUESTED PRO	DJECT TAKES PLACI	Ε
COUNTRY WHERE INTERNATIONAL	L HEADQUARTERS I	IS LOCATED:
YOUR ORGANIZATIONAL ANNUAL	BUDGET:	
PRECENT ADMINISTRATIVE	PERCENT PROJECTS	S
WHAT ARE YOUR REGULAR SOURCE PRIVATE SELF - GENERATED (fundraising, membership GOVERNMENT RED CROSS UN ORGANZATION (name) OTHER	· -	dicate by percent)%
		,
	MOST RECENT PRO	JECTS:
BRIEFLY DESCRIBE TWO OF YOUR 1		