

# PEOPLE HELPING PEOPLE PROGRAM

## APPLICATION FORM 2017

(Due in ADVANCE of event, No. 9 or 10 on Structure Graph)

The Society name and number must be clearly identified as the sponsor in all publicity and six (6) Society members must actively be involved in project.

Society Number \_\_\_\_\_ Name \_\_\_\_\_ City \_\_\_\_\_

Event	Date	Location	Recipient of Funds
1.			
2.			
3.			

\_\_\_\_\_ Community/Parish Fund Raiser (Up to 50% of funds raised will be matched)

\_\_\_\_\_ Community/Parish Work Project (Up to \$150 reimbursed for supplies)

\_\_\_\_\_ Community/Parish Disaster Relief (Up to 100% of funds will be matched)

\_\_\_\_\_  
Signature of Society Officer

\_\_\_\_\_  
Date

### State Office Use Only

\_\_\_ Request approved

\_\_\_ Request denied

\_\_\_\_\_  
Signature of State President

\_\_\_\_\_  
Date