



South County Youth Coalition

Request for Funds

P.O. Box 371 Arroyo Grande, Ca. 93421
Phone: 805-474-2032 Fax: 805-474-2025

Date of Request: _____ Phone # _____

Organization Requesting Funds: _____

Contact Person: _____ Email: _____

Name of Child/Group you are requesting funds for: _____

School Child Attends: _____

Child's Date of Birth: _____

Parent's Name(s): _____ Phone # _____

Date money is needed by: _____ Amount Requested: _____

Purpose of request: _____

Check should be made out to: _____

(checks cannot be made out to individuals only to businesses or organizations; gift cards can be obtained)

FOR OFFICE USE ONLY

Request: _____ Approved _____ Denied _____

Date Check Written: _____ Check# _____ Amount: _____

Gift Card Type: _____ Amount: _____