



# Hudson Kiwanis Foundation Grant Application

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Tax Status: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email \_\_\_\_\_

Project Objective- Why Needed?

Brief Project Description:

Who will Benefit?

Describe Benefit to Hudson Community:

Requested Amount

Have You Requested Funds From  
Other Community Organizations?

If so, please list

Requester Signature:

Send Request to:

Kiwanis Club of Hudson  
P.O. Box 554  
Hudson, Oh 44236