

## Edwards Spouses' Club Welfare Request Form 2024-2025

Requesting Organization & Address:	In the space below, pleas are requesting money from plan to do with the donat use back if additional spa	m the ESC and what you ed funds. (Attach letter or
Amount Requested:		
Tax ID:		
Contact Name:		
Email Address:		
Phone #:		
Date of Event or Date Funds Required:	Total Budget for Event/Activity:	
Has this organization received ESC funding in the past?		If yes, when? Amount?
Other Sources of Funding: (Does this organization	If approved, make check payable to:	
receive funds elsewhere? Are you fundraising?)	Address to mail check (if different than above):	
<b>Event Details:</b> Select which statement best describes the beneficiaries of this request.		
1. Funds will benefit Active Duty/Reserve Military Personnel/Dependents assigned at Edwards AFB.		
2. Funds will benefit individuals associated with Edwards AFB, to include civilian workforce and families in the greater Edwards AFB area.		
<ol> <li>Funds will benefit the greater military community (national organizations which support the military and their families).</li> <li>Funds will benefit the greater Antelene Valley community.</li> </ol>		

4. Funds will benefit the greater Antelope Valley community.

## Signature/Title of Requestor:

Date:

## Completed Forms may be mailed to: ESC Welfare Chair, P.O. Box 543 Edwards CA 93523 Or a signed version may be sent to <u>escwelfare@gmail.com</u>

Please note: requests will only be reviewed quarterly at our board meetings the first week of the following months: August 2024, October 2024, December 2024, February 2025, April 2025,

If your request requires immediate attention for a time-sensitive event, please be sure to note that above.