



## Aberdeen Proving Ground Community Women's Club **Request for Welfare Funding**

The Community Women's Club (CWC) is dedicated to assisting various non-profit organizations through financial support for special projects. These funds should benefit the military service members, their families and DoD civilians who reside in the Aberdeen Proving Ground (APG) area. Fundraising activities by the CWC generates these monies. Any non-profit organization serving the APG community may request assistance from the CWC. It is important that you provide the following information for your request to be considered:

Requesting Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Organization Point of Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Note: Attach additional sheets as necessary

2. Application For (please check and attach ordering information as appropriate):

_____ Funds	Amount requested	\$ _____
_____ Services	Estimate of cost	\$ _____
_____ Item(s)	Estimate of cost	\$ _____

3. Describe the purpose for which the funds will be used or what services or item(s) are being requested and how they will benefit your organization and/or the community.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is there a deadline for receipt of funds, services or item(s)? If so, please provide deadline date and why?

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5. Describe what the impact will be to your Organization or the Community if the funds, services or item(s) request is not approved.

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6. How does the military community benefit from your organization?

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7. What other sources of income does your organization have? Are you also asking for funds for this request from another organization? For example: Fundraisers, donations, other charitable organizations, or parent organizations.

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Name of Requesting Authority: \_\_\_\_\_

Position or Duty Title: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

Submit request by email to: [welfarerequests@apgcwc.org](mailto:welfarerequests@apgcwc.org)

Submit request by postal mail to: Community Women's Club  
Attn: Welfare Committee  
P.O. Box 52  
Aberdeen Proving Ground, MD 21005

If you have questions regarding this application, please contact Pat Carden, CWC Welfare Chairperson at (410) 877-8396 or email [welfarerequests@apgcwc.org](mailto:welfarerequests@apgcwc.org)