

Chenoweth Endowment Fund
Gulf Winds Track Club
Tallahassee, Florida

REQUEST FOR INDIVIDUAL FUNDING
(Please type or print clearly. Use additional sheets if needed.)

Athlete's Name _____ Age _____ Sex ___ M ___ F
Address _____
City _____ State _____
Zip _____
E-mail address _____ Phone _____
Parent/Guardian (If under 18 yrs of age) _____

GWTC Member Yes _____ No _____ Years of Membership _____

Event/Activity Seeking Funding _____
Date(s) of Event/Activity _____
Amount of Funding Requested _____
Prior Request for Funding Yes _____ No _____
If yes, when _____ Amount Received _____

1. Purpose of event/activity _____

2. Benefits to individual and/or club affiliations from participation in this event/activity _____

3. Specific need (include expected expenditures) or proposed use of funding _____

Signature _____ Date _____