



Hinsdale Junior Woman's Club Service Project Application

Organization Information

Name of Organization: _____

Address, City, State, Zip: _____

Contact Person &

Title: _____

Phone: _____

E-mail: _____

Website: _____

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Liaison to HJWC for Service Project: _____

Liaison Phone & E-mail: _____

FOR INTERNAL USE ONLY

APPLICATION ACCEPTED: YES/ NO

IF NO, PLEASE STATE REASON:

PROJECT INFORMATION

Please describe the project:

Project Location (Include address and description of the location):

Dates (Provide at least three possible dates) & Start/End times:

PLEASE NOTE - SERVICE PROJECTS MUST OCCUR BETWEEN LATE SEPTEMBER AND EARLY MAY

Number of Volunteers

Needed: _____

What are the volunteers responsible for during the service project? Be Specific.

Are you flexible to changes in the proposed project if changes would make the project for feasible for HJWC? Please explain.

How, if at all does your organization determine eligibility for its services?

How did you learn about HJWC Service Projects?

Other relevant useful Information for evaluation for this request:

Are Children of HJWC members welcome to participate in service projects? If no, please explain.

Prior Applicants Only

Date of last application to HJWC (for Service Projects and Grants):

Prior Grants received from HJWC (Include year, amount and purpose):

Name of Person Submitting Application: _____

Signature: _____

Date: _____

**PLEASE SUBMIT COMPLETED APPLICATION TO
PHILANTHROPYHJWC@GMAIL.COM**

APPLICATION DEADLINE IS SEPTEMBER 1st.