



FINANCIAL ASSISTANCE APPLICATION

CLUB NAME _____ DATE: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____

ZIP: _____

REQUEST FOR ASSISTANCE: (Please describe your request briefly including details of any event or special activity as it applies.)

Number of participants benefiting from assistance: _____

AMOUNT OF ASSISTANCE REQUESTED: \$ _____

(Please include an estimate or invoice from vendors, if possible.)

Please submit this completed form and support documentation to the BTS Program Coordinator a minimum of 30 days prior to your deadline for needed assistance.

Verzell James BTS Program Coordinator

Verzellj@aol.com

Phone/Fax: 847-328-2635

1719-B McDaniel

Evanston, IL 60201

Submissions will be reviewed by the BTS Program Coordinator and forwarded to the BTS Board of Directors for approval, if deemed reasonable. The Board will respond within 30 days of receiving the complete request from the Coordinator.

If approved, BTS will provide financial assistance by directly paying vendors through invoice or by reimbursing the Club for paid expenses given appropriate documentation.