



Welfare Grant Application

Completed form must be received by October 31, 2022 to be considered for the Fall Campaign. Incomplete applications will not be considered. Late applications will not be considered.

Submit by mail to MCSC, Attn: 2nd VP, P.O. Box 10284, Ft. Irwin, CA 92310 or by email to secondvp@mcsctfirwin.org
 Applicants must provide a contact email address to ensure questions pertaining to the application may be addressed.

****If you received an MCSC Grant in the Spring, you may not apply for a Fall Grant.****

Payments of awarded Welfare grants must be deposited within 90 days of receipt of check. Once deposited, **please return the one page Welfare Grant Report at your earliest convenience.** The report will include a summary of funds received and used, if items were purchased and when, and will also include benefits of awarded funds if appropriate. It is important that the MCSC and the Welfare and Scholarship Committees understand how your grant benefited your organization and community. **Welfare grants awarded must be used for requested purposes.** If your organization has no further use of the requested funds for project/item(s)/program, funds received must be returned to the MCSC so that the future needs of other organizations may be served. **If funds are not deposited within 90 days, the monies must be returned or the check will have an immediate "stop-payment." Failure to return the Welfare Grant Report may result in your organization's inability to apply for Welfare through the MCSC for one year.**

Please complete the following information. Respond in the space provided or provide an attached narrative that responds to each of the questions. For maximum consideration, please provide detailed responses and supporting documentation.

If requesting a donation for a national organization, please submit a copy of the organization mission statement.

***All sections must be completed**

Name of Requesting Organization	
Grade Level (if a teacher)	
Address of Requesting Organization (This is where the check will be mailed)	
City, State, and Zip Code	

Account Holding Organization to which checks may be written if funds are granted (cannot be the name of an individual)	
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Point of Contact	
Phone Number	
Email Address	
Amount Requested	

