

**Soroptimist International of North San Mateo County  
Service Fund Application**

Project Name: \_\_\_\_\_ Date \_\_\_\_\_

Organization: \_\_\_\_\_ Program Head \_\_\_\_\_

Address, City \_\_\_\_\_

Website \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Amount of Funds Requested: \$ \_\_\_\_\_

Is your organization a 501 (c) (3)? Yes [ ] No [ ]

Description of project and how it improves lives of women and girls (100 words or less).

---

---

---

---

Project budget, how will funds be used, and when are funds needed:

---

---

If you receive the requested funding this year, do you have plans to continue the project in subsequent years? Yes [ ] No [ ]

Return application (and additional info about organization/ project if available) to:

Service Funds Committee  
Soroptimist International of North San Mateo County  
P.O. Box 5554  
South San Francisco, Ca. 94083

Or email to: [info@soroptimistnorthsanmateocounty.org](mailto:info@soroptimistnorthsanmateocounty.org)

For examples of past funded programs and projects, visit our website:  
<http://www.soroptimistnorthsanmateocounty.org>