



*Iowa City Masonic Foundation
312 College Street
Iowa City IA 52240*



REQUEST FOR FINANCIAL ASSISTANCE – Masonic Organizations

The purpose of the Iowa City Masonic Foundation is to "...hold, invest and disburse funds received for the betterment of the Iowa City Masonic Community." The Foundation has extended its philanthropic donations to organizations nationally and in the Iowa City area. All aid requests are one-time grant requests. A separate form must be used for each request.

*Please type or print your responses to the following questions.
If more space is needed, please attach a statement.*

A. How much are you requesting from the Iowa City Masonic Foundation? \$_____

B. Name and contact information of requestor:

Name of Masonic Organization _____

Address _____

City _____ State _____ Zip Code _____

Name of Contact Person _____

Telephone _____

Email _____

C. Name, address and telephone number of person(s) for whom aid is requested:

D. Does the person(s) have a Masonic relationship? If yes, describe; include name of person, organization and town.)



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E. How much has your requesting organization contributed to this need? \$_____

F. Please provide a description of the specific need, include the cause for the need, the need itself, and the efforts being made to alleviate the need. (A separate sheet may be attached.)

Four horizontal lines for providing a description of the specific need.

G. Has the person(s) for whom aid is requested already applied for or is now receiving government or community assistance of any kind? (Medicare, Medicaid, Aid to Dependent Children/and Families, disability payments, Supplementary Security Income, etc.)

List below the amount of funding and the source.

Three horizontal lines for listing the amount of funding and the source.

H. Attach a detailed monthly income and expense sheet for the individual or family, including all sources of income and all expenses. (A separate sheet may be attached for this response.)

I verify that the information provided herein is accurate to the best of my knowledge.

Signature of Requesting Party

Date



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FOR USE BY SPONSORING MASONIC ORGANIZATION ONLY

This application was approved by a vote at a Stated Meeting/Communication held on _____, and such action was made part of the minutes.

Printed name, title, address, telephone number and email of Presiding Officer:

Signature of Presiding Officer

Printed name, title, address, telephone number and email of Organization Secretary:

Signature of Secretary

(AFFIX SEAL HERE)