



SOROPTIMIST®  
Investing in Dreams

## Soroptimist International of Klamath Falls

\*\*Organizations must be based in Klamath County and support the Soroptimist Mission and/or Vision. Empowering women and girls through education or helping with resources to help women and girls reach their full potential and live their dreams. **APPLICATION DEADLINE: February 28th, 2025**

Date: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Date funding needed: \_\_\_\_\_

Address: \_\_\_\_\_

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

Amount Requested: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

Other Sources of Fundraising or Grants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief description of project/program/effort funding is being requested for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# of girls participating: \_\_\_\_\_ # of boys participating: \_\_\_\_\_ # of adults participating: \_\_\_\_\_

What specifically will be accomplished with this funding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What recognition will Soroptimist International of Klamath Falls receive from your organization as a result of this donation:  
\_\_\_\_\_  
\_\_\_\_\_

If your grant application is funded by Soroptimist International of Klamath Falls, we want to post that news on social media. Please carefully read the following release and add your initials, if in agreement with our social media policy:

*I hereby grant permission to Soroptimist International of the Americas, Inc. and/or its clubs to use my name, likeness and/or voice for all publicity purposes and in any media format. Media formats include but are not limited to various print, digital, video, and social media outlets.*

*Soroptimist International of the Americas, Inc. shall retain all rights to said material.*

**Email completed application to: [info@soroptimistklamathfalls.org](mailto:info@soroptimistklamathfalls.org)**

Name (print): \_\_\_\_\_

**\*\*If above person is under 18 years of age**

Parent/Guardian Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_