

ASCC
'23-'24 Welfare Request Form

Date: _____

Name of Organization: _____

APO Address: _____

Point of Contact (POC)

POC (Name & role w/in the organization): _____

POC phone number & email address: _____

Sponsor/Coach/Parent Leader

Sponsor/Coach of Organization: _____

Sponsor/Coach Phone number & email address: _____

Is the requestor a member of ASCC? YES / NO (**Circle one**)

Project/Activity/Event

Name: _____

This organization is a(n):

Amount Requested: _____

Private Organization

Date Required: _____

Non-Appropriated Fund

Projected total budget: _____

Other (please specify)

Itemized list of items in budget: _____

1. _____
2. _____
3. _____
4. _____
5. _____

The purpose/mission of this organization is:

How will the organization use these funds? Please be specific.

Who will this project benefit?

Has this organization requested financial assistance from other sources? If so, what other sources/organizations have been contacted and what amounts have they donated?

What negative impact, if any, will the organization experience if the funds requested from ASCC are not granted?

Has the organization sponsored any activities to raise funds for this project? If so, please list the activities and funds collected.

If not, are there extenuating circumstances ASCC should consider?

Has your organization volunteered with ASCC, i.e., the ASCC Thrift Shop or ASCC events in the past?

Welfare Grant Submission Deadlines are as follows:

1 st Quarter	October 1st
2 nd Quarter	December 1st
3 rd Quarter	February 1st
4 th Quarter	May 1st

Volunteering Guidelines

_____ (Initial) I acknowledge that myself, parent/guardian or another person in my organization who is directly responsible for receiving this grant is an active member of the ASCC with a membership in good standing with at least five hours of volunteer service towards the ASCC events, store or otherwise.

_____ (Initial) Welfare Requests Checks will be delivered upon completion of volunteering hours.

_____ (Initial) Children age 14 and under must be supervised by a **minimum ratio of 5 children to 1 adult**. All organizations must have a **minimum of 1 adult** supervising the group (groups ages 15 and older); either the POC, Sponsor/Coach, or a Parent.

_____ (Initial) We recommend a minimum of **16 volunteer hours per team or 2 hours per person benefitting the organization**. Example: This means if you have 8 volunteers, each volunteer is recommended to volunteer a minimum of 2 hours each for a total of 16 volunteer hours. Any additional volunteer hours would be greatly appreciated.

_____ (Initial) **Special Notes:**

- Schedule volunteer hours ahead of time for the Thrift Shop Manager to prepare activities in advance.
- Ensure volunteers are dressed appropriately, and leave personal items at home or in the car; no backpacks, purses or school materials during volunteer hours please.

What day(s) is your organization interested in volunteering? Please circle all that apply

Monday Tuesday Wednesday Thursday Friday Saturday

For a special event? Event name: _____

Volunteers

How many student volunteers? _____ How many adults? _____

Please list the names of the volunteers and their ages if under the age of 18.

Name	Age	
1. _____	____	9. _____
2. _____	____	10. _____
3. _____	____	11. _____
4. _____	____	12. _____
5. _____	____	13. _____
6. _____	____	14. _____
7. _____	____	15. _____
8. _____	____	16. _____

If your funding request is granted:

ASCC should make the check payable to: _____

***If your funding request is granted, ASCC will require your organization to submit copies of applicable receipts within 30 days of receiving funds. Please sign below to indicate your understanding of this requirement.**

Signature _____

If you have questions or concerns, please contact ASCC directly at welfare@asccbavaria.com.