Osan Officers' Spouses' Club

Welfare Request Form

Important Application Deadline Guidelines:

Our Welfare Committee meets the last Thursday of each month. Please submit your request no later than the Monday prior to this meeting for events/welfare needs occurring after the first Thursday of the following month. Welfare requests are not considered after an event or welfare need has passed.

All requests submitted to the Welfare Committee past this deadline will not be considered until the following month's scheduled Welfare Committee meeting.

Requests for allocated funds must be received prior to April 15th or the request will not be considered.

The Welfare Committee does not meet June and July.

Applicant Information

Organization: _____ POC: _____

Location: _____ Phone: _____

Mailing Address: _____
Street Name *Apartment/Unit #*

_____
City *State* *ZIP Code*

Email Address: _____

Requested Amount: $_____ Date Funds Needed By: _____ Payable To: _____

Funds To Be Used For (Be As Detailed As Possible):

Total Cost of Project: $_____ Number of Individual Who Will Benefit From These Funds: _____

Fundraisers To Date (Event and Amount): _____

Funds Requested From Other Organizations (Source and Amount): _____

Funds Received From Other Organizations (Source and Amount): _____

Is your Organization:
Eligible for appropriated or non-appropriated funds? Yes ☐ No ☐
A MWR or Services facility? Yes ☐ No ☐

Proper authorization on each request must be obtained. If the request is from an MWR or Services organization the MWR or Force Support Commander's or Deputy Commander's signature is required. Otherwise, Unit or Commander's, Principal's or President's signature is required.

_____ _____ _____
Signature *Title* *Date*

RETURN THIS FORM TO:
Welfare@osanosc.com
OR
Osan Officers' Spouses' Club
Attn: Welfare Chairperson
Unit 12072
APO AP 96278-2078

For Official Use Only

Approved/Denied: _____ Voucher #: _____ Check #: _____ Date: _____

Revised: 22 July 2009
By: HLehr