

Date submitted _____

**LOCAL LEAGUE APPLICATION
FOR LWVIL EDUCATION FUND PROJECT**

LWV _____

League address: _____

Contact person(s): _____ Phone : _____

Fax: _____ E-Mail(Preferred): _____

Project: _____ **Date of Project** _____

Purpose of project: _____

Is this project being co-sponsored with another League? If yes, please list co-sponsoring Leagues:

Repeat Project Previously Approved? **Y** **N**

Estimated Costs of Project (please list cost of food, venue, speaker, etc. Use second page if needed)

Amount requested for this project: _____

Checks will be written from the LWVIL office upon receipt of bills or accompanying receipts.
Send bills to the Bookkeeper at the League office (bookkeeper@lwvil.org).

Expected income from this project: _____

Checks paid to your fund **must** be made out to the LWVIL Education Fund (**not the local League**).

Current balance in your Education Fund: _____

Please submit this form at least one month before project is undertaken for approval.
Retroactive requests may not be approved or paid

Approved: _____ **Date:** _____