

**Region IV Region Representative Funding Assistance Application**

Intergroup Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ WSO# \_\_\_\_\_

Please see Guidelines for instructions about financial information required

Number of groups \_\_\_\_\_ Year Established \_\_\_\_\_ Treasury Balance \_\_\_\_\_

Prudent Reserve \_\_\_\_\_ Upcoming Expenses \_\_\_\_\_ Checking Balance \_\_\_\_\_

Have you ever sent a regional representative to a Region meeting? \_\_\_\_\_

If yes, when \_\_\_\_\_ If no, why not? \_\_\_\_\_

Amount of scholarship applied for? \_\_\_\_\_ Date and Location of Assembly \_\_\_\_\_

Will the funds be needed in advance of the assembly? \_\_\_\_\_

Representative's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Intergroup chairman's signature \_\_\_\_\_

Intergroup or unaffiliated group secretary's signature \_\_\_\_\_

-----FOR USE BY THE FUNDING Coordinator and Treasurer -----

Balance in Region IV Treasury \_\_\_\_\_ as of \_\_\_\_\_

Balance of amount budgeted for funding \_\_\_\_\_ as of \_\_\_\_\_

% of Estimated Exp. \_\_\_\_\_ %

Approved  \_\_\_\_\_  
Delegate Funding Coordinator Date

Approved  \_\_\_\_\_  
Region Treasurer Date

Send to Delegate Coordinator, address listed in IV Thought or Region IV Delegate Support Program  
PO Box 1604, Fenton, MO 63026