

R4 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 representative to a Region meeting?

If yes, when _____ If no, why not? _____

Amount of scholarship applied for. _____

Will the funds be needed in advance of the assembly? _____

Region Rep'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 R4 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 R4 Treasurer, 2355 Fairview Ave N, PMB 388, Roseville, MN 55113