



ROTARY CLUB OF MASSILLON

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SERVICE ABOVE SELF

ROTARY CLUB OF MASSILLON GRANT APPLICATION

1.

Name of Organization _____

Non Profit 501C3 # _____ ID Number _____

Address _____

City / State / Zip _____

Executive Director _____

Phone Number _____ Fax Number _____

Email Address _____ Web Site _____

Contact Person _____ Title _____

2 **Primary mission of your organization.**

3 **Describe the project or service.** (Please provide pamphlets, brochures, annual reports, etc. with your project or program highlighted and summarized below.)
