

**J R McKENZIE YOUTH EDUCATION FUND
DISTRICT 9930**

Club Claim Form

Name of Rotary Club:.....

Contact Person:.....

Mobile No:.....

Email address:.....

Position:.....

Club President:.....

Date of application:

Name of Applicant	Age	Siblings School Ages	Reason for claim, e.g.: Clothes, Shoes etc	Amount Claimed \$	Club \$	JRM Fund \$

I certify that I have seen all receipts, accounts or quotes relevant to these claims and will ensure the funds received will be used only for the benefit of the claimant.

Signed _____

Account Details for Recipient:

Rotary Club of

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(For office use only: Date Processed: _____)

Please email this form with all other documentation to your local J R McKenzie Youth Education Fund Hub Administrator