



111 Mission Street Santa Cruz, Ca 95060
 Ph. (831) 600-4007 Fax (831) 427-2260
 www.lighthousebank.net

Community Support Application

Please complete the following application in its entirety

ORGANIZATION INFORMATION

Name of Organization:	
Federal Tax ID Number:	
Address:	
City:	State:
Telephone:	Zip:
Website:	Fax:
Primary Contact:	Title:
Contact Phone:	Email:
Current Bank:	
Please list any Lighthouse Bank employees or Directors involved in your organization and their roles:	
Please provide a brief overview of your organization and its mission:	

REQUEST

Amount Requested:
Type of Request:
Briefly describe the nature of the request:

Has your organization ever received a contribution from Lighthouse Bank?
If so, please list past contribution dates and amounts:
What are the timelines for the project and for fundraising?
What is the budget for the program/project? (attach additional information only as needed)
Please list other projected sources of funding for this project:
Please explain how you have measured or will measure the success of the program/project:

Authorization

The undersigned certifies that they are authorized to represent the organization applying for a contribution and that the information contained in this application is accurate. The undersigned agrees that if a contribution is awarded to the organization: the contribution will be used for the purpose outlined in the award letter and may not be expended for any other purpose without prior written approval from Lighthouse Bank, and, Lighthouse Bank has received nothing of material value, aside from noted sponsorship benefits, in exchange for the contribution.

Signature of Applicant

Date