

Parke County REMC Sponsorship Request Application

Please complete this form and return 3 copies to our office for all sponsorship requests. We will review all requests on the third Wednesday of every month.

General Information

Are you applying for sponsorship for a non-profit organization? (Yes or No)	
If yes, please fill in the information below. If no, please continue to contact information.	
Address 1:	
Address 2:	
City:	
State:	
Zip:	
County:	
Has this organization received sponsorship from Parke County REMC in the past? (Yes or No)	

Contact Information

First Name:	
Middle Initial:	
Last Name:	
Title (If for an organization):	
Work Phone:	
Cell Phone:	
Email Address:	
Have you received sponsorship from Parke County REMC in the past? (Yes or No)	

Sponsorship Request Information

Requested Sponsorship Amount:	
Total Sponsorship Goal:	
Title of Project/Program:	
What is the total number of people who will benefit from the overall potential impact of the sponsorship? Please provide an explanation, if possible.	
Please describe your project in detail, including what the sponsorship money will be used for.	

Declaration and Compliance

From my knowledge, I state that the information given in this application is true and correct.	
Electronic Signature	
Full Name:	
Signature date:	