



**THE OPTIMIST CLUB OF BIXBY  
REQUEST FOR FINANCIAL SUPPORT**

Date \_\_\_\_\_

Student's name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Date funds are needed by: \_\_\_\_\_

Total Amount needed \$ \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

What the funds are needed for:

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Additional comments:

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Return form to [info@bixbyoptimist.org](mailto:info@bixbyoptimist.org) or mail it to Optimist Club of Bixby, PO Box 335, Bixby, OK 74008

Approved for Financial Assistance

\_\_\_\_\_  
Club President or Treasurer