



# METROPOLITAN KANSAS CITY CHAPTER INTERNATIONAL CODE COUNCIL

P.O. Box 15080 • Kansas City, Missouri 64106-0080  
www.metrokcicc.org

## APPLICATION FOR SPONSORSHIP

Please attach any additional relevant information to the back of this form and submit it to the Operations Committee Chair no later than 60 days prior to the activity for which you are seeking financial assistance. Originals or faxes are acceptable.

Name of nominator if other than applicant: \_\_\_\_\_

Applicant's/nominee's name: \_\_\_\_\_

Job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Business address: \_\_\_\_\_

Work phone no. \_\_\_\_\_ Cell phone no.: \_\_\_\_\_ Pager no.: \_\_\_\_\_

Title of activity: \_\_\_\_\_

Nature of the activity: \_\_\_\_\_

Date(s) of activity: \_\_\_\_\_

Cost(s) associated with the activity: \_\_\_\_\_

Benefits of participation: \_\_\_\_\_

Reason financial assistance is requested: \_\_\_\_\_

Will applicant's employer permit him/her to participate in this activity if funding is secured?  Yes  No

Amount applicant's employer will fund, regardless of whether the Chapter provides assistance: \_\_\_\_\_

### Operations Committee/Board Use Only

Member in good standing?  Yes  No      Years of service to/membership in Chapter? \_\_\_\_\_

Operations Committee's recommendation:  Approve  Disapprove

Board of Directors' decision:  Approve  Disapprove      Amount approved: \_\_\_\_\_

Check no.: \_\_\_\_\_      Date: \_\_\_\_\_