

*REGION V—  
Overeaters Anonymous  
P. O. Box 47187  
Indianapolis, IN 46247*



## **REGION V FUNDING ASSISTANCE GUIDELINES**

1. Intergroups that have an overall average balance of less than \$1000.00 for the 3 months immediately preceding an Assembly may apply for funding assistance.
2. Funding may be limited to three (3) scholarships per assembly.
  - a. Funding assistance is available twice a year per Intergroup.
3. Maximum amount awarded to an Intergroup is \$300.00 per assembly. Funding may include transportation and lodging costs:
  - a. Mileage at the current US IRS rate and tolls; or air fare.
  - b. Lodging cost 1/2 of double room for two nights.
4. Advance funding may be disbursed, if requested at least 45 days before the assembly. Receipts and unused funds **must** be returned to the Region V treasurer within two (2) weeks following the assembly.
5. Applications must be signed by two Intergroup officers and be accompanied by a treasurer's reports for the 3 months immediately preceding the application for funding.
6. To apply for funding assistance, complete the attached application and **mail it** to the Region V treasurer, 45 days prior to the assembly.

**PLEASE COMPLETE THE FOLLOWING FORM AND MAIL TO:**

**REGION V TREASURER, P. O. Box 47187, Indianapolis, IN 46247**

IG Name: \_\_\_\_\_ IG Number: \_\_\_\_\_

Has your Intergroup ever sent a representative to a Region V Assembly? \_\_\_\_\_

If yes, give date of last Assembly attended: \_\_\_\_\_

Assembly for which this funding is requested:

Location: \_\_\_\_\_ Date: \_\_\_\_\_

**REGION V REPRESENTATIVE INTERGROUP OFFICER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

To assist the committee in determining the amount of funding assistance needed, please complete the following:

Hotel room expenses, tax and tips included ..... \$ \_\_\_\_\_

Transportation: Automobile round trip (current IRS rate) ..... \$ \_\_\_\_\_

Round trip air fair ..... \$ \_\_\_\_\_

Subtotal ..... \$ \_\_\_\_\_

Minus amount your Intergroup will contribute ..... \$ \_\_\_\_\_

Total funds requested ..... \$ \_\_\_\_\_

Application must be signed by two Intergroup officers and be accompanied by the three (3) most recent months' treasurer's reports.

\_\_\_\_\_  
*Signature of Officer*

\_\_\_\_\_  
*Office Held*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Officer*

\_\_\_\_\_  
*Office Held*

\_\_\_\_\_  
*Date*