



## Fill the Bus Application

Organization Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Website: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please answer the following:** (Please use additional paper if necessary and include any brochure/literature)

What is the organization's primary source of funding? \_\_\_\_\_

What is the number of beneficiaries served? \_\_\_\_\_

In which area do the majority of beneficiaries reside? \_\_\_\_\_

501 (c)(3) status? (documentation is required with the application) \_\_\_\_\_

Describe the mission or purpose of the organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the charity's programs and service and how the mission and goals are implemented.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicants considered for 2010 must submit by April 1, 2010.**

Send application to:

La Palmera- Management Office  
5488 South Padre Island Drive  
Corpus Christi, TX 78411  
(361) 991-3755 office  
(361) 993-5631 fax

[lpmarketing@trademarkproperty.com](mailto:lpmarketing@trademarkproperty.com)

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Date Received: _____	Criteria Fulfilled: _____
Holiday: _____	Year: _____
Approval: _____	Signature: _____