



Community Involvement Application

Name of Organization _____ Date _____

Address _____

Contact _____ Phone _____ Email _____

Amount Requested: _____ Request Needed By: _____
(Date)

Is the applicant a 501(c)(3) organization? _____

Is the applicant a recognized PA charitable organization? _____

Please check the category your organization falls under:

- | | |
|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Fire & Emergency Services | <input type="checkbox"/> Cultural & Economic Programs |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Environmental Conservation |
| <input type="checkbox"/> Youth Programs | |

Request

Name of Project or Event: _____

Purpose:

Proposed outcome of the Project or Event:

Which communities will benefit from this?

What will be the overall contribution to the communities?

Please list the primary beneficiaries of this program:

Please list all other sponsors for this Project or Event:

Organizational Members

Please list all current board members:

Submitted by:

_____	_____	_____
Please Print	Signed	Date
_____	_____	_____
Title	Phone	Email

Thank you for your request.

Please return a signed original copy to:

Commercial Bank & Trust of PA
Susan Skoloda
900 Ligonier Street
P.O. Box 429
Latrobe, PA 15650

For Bank Use Only

_____	_____
Approval	Date