



# Vicksburg Mississippi

## SPONSORSHIP APPLICATION

FISCAL YEAR 2024-2025

SUBMIT TO

City of Vicksburg  
Attn: Office of the City Clerk  
P. O. Box 150  
Vicksburg, MS 39181-0150

Or email:  
dnickson@vicksburg.org

INCOMPLETE APPLICATIONS WILL NOT BE FORWARDED TO THE COMMITTEE

**Organization Name:** Junior Auxiliary of Vicksburg

Physical Address of the Event: 1566 Tiffentown Rd.

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

Telephone Number: \_\_\_\_\_

Website Address: javicksburg.org

**Primary Contact Name:** Lindsey Blackledge

Title: JA board member Telephone No: 601-218-0612

Email Address: lindseyb226@gmail.com

**Secondary Contact Name:** Kristan Hill

Title: JA president Telephone No: 601-415-7150

Email Address: kristanhill1709@gmail.com

If you are applying on behalf of another organization, please provide contact information for that organization:

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

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

Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_



Complete The Following Questions Regarding Your Request For City Sponsorship Consideration

Event Date: April 4, 2025  
(Must be between October 1, 2024-September 30, 2025)

1. Is your request for:  
(Check all that apply)

In-Kind Sponsorship (specify in question 6)

Cash Sponsorship Amount Requested: \$ \_\_\_\_\_

2. Briefly state your organization's mission and purpose.

Our mission and purpose is to serve the children of Warren county.

3. Describe the event in which funds are being requested to support.

We ask for sponsorships for each fundraiser, all the money goes to serve the children

4. Explain how your organization and/or event further a charitable cause, economic or community growth, or serve a public interest?

It serves our children in Vicksburg.

5. Provide detail on how the requested funds will be used support the event partially or in full.

We are a non-profit, we depend on sponsors to help us put on fundraisers to earn money to continue service projects.

6. Select all in-kind services the organization is requesting for the event:



- a) Park and facilities fees
- b) Park Personnel (maintenance and building attendants)
- c) Police Personnel
- d) Fire Personnel
- e) Other services not listed (please specify) \_\_\_\_\_
- f) Not requesting in-kind services

7. Identify and provide all other funding requests for this event. Provide attachments if needed.

Source	Pending	Approved	Dollar Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$

8. Anticipated Attendance: \_\_\_\_\_

9. Explain in detail how the event, program, or exhibition marketing plan will promote the City of Vicksburg.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

The information provided in this application is for the purpose of obtaining sponsorship funding from the City of Vicksburg on behalf of the undersigned. Each undersigned representative warrants the information provided within this application and its attachments are true and complete until a written notice of change is provided to the City of Vicksburg. The City of Vicksburg is authorized to make all inquiries necessary to verify the accuracy of the provided information.

Lindsey Blackledge  
Requestor

3/11/25  
Date

Printed Name of Requestor from Above Lindsey Blackledge