



**An educated choice**

# Grant Application Form

Please print clearly in ink or type.

Date \_\_\_\_\_

Grant Title \_\_\_\_\_

Grant Description \_\_\_\_\_

## GENERAL INFORMATION

Grant Amount Requested (up to \$500) \$ \_\_\_\_\_ Date Grant Will Be Used by \_\_\_\_\_

How did you hear about this grant? TVTFCU:  Newsletter  Web Site  Email  Facebook Page  Staff  
 Your Employer  Co-Worker  Other \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_  
*Last First Middle Initial*

Home Address \_\_\_\_\_  
*Street Address City State Zip Code*

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

School You Are Employed At \_\_\_\_\_ City \_\_\_\_\_

Your Position \_\_\_\_\_

*I acknowledge that the application is my original work, and all other personal information is true and correct. I understand that all submitted materials become the property of the Tobacco Valley Teachers Federal Credit Union (TVTFCU) in promotional activities related to the grant competition, and should I be selected as a recipient, give TVTFCU permission to use my name and photo in promotional activities. I also agree to provide an evaluation/assessment of the project to TVTFCU. Failure to provide the assessment by **July 1, 2019** may prevent the applicant from consideration of future funding. Any changes in use of funds from those in the approved budget must be authorized in advance by TVTFCU. I further understand that any equipment/supplies attained through grant funds will remain with the school, unless approved by the principal.*

\_\_\_\_\_  
*Grant Applicant Signature Date*

I am aware of this grant application and am in support of the applicant and the educational enrichment this grant funds.

\_\_\_\_\_  
*Principal/Supervisor Signature Date*

