



An educated choice

Grant Application Form

Please print clearly.

Date _____
Grant Title _____
Grant Description _____

GENERAL INFORMATION

Grant Amount Requested (up to \$500) \$ _____ Date Grant Will Be Used _____
How did you hear about this grant? **OUR:** 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 **June 30, 2020** 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

