

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 □Website □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, 2022 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





