

**TRI-CREEK EDUCATION FOUNDATION, INC.**



195 West Oakley Avenue  
Lowell, Indiana 46356  
219.696.6661, Extension 118  
FAX: 219.696.2150

Email: [tcef@tricreek.k12.in.us](mailto:tcef@tricreek.k12.in.us)  
[www.t-cef.org](http://www.t-cef.org)

**GRANT APPLICATION**

*~ COMPLETE BOTH SIDES ~*

**FOR FOUNDATION USE:**

Date Submitted: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Total Funding Request: \$ \_\_\_\_\_

Total Funding Awarded: \$ \_\_\_\_\_

School: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_ LENGTH OF PROJECT \_\_\_\_\_

If you receive partial funding, will you still be able to do your project? \_\_\_\_\_

If not, why? \_\_\_\_\_

DO YOU PLAN TO CHARGE ANY FEE AND/OR ADMISSION? \_\_\_\_\_

**TARGET GROUP:**

Number of Students \_\_\_\_\_

Age/Grade Level \_\_\_\_\_

Number of Teachers \_\_\_\_\_

PROJECT DIRECTOR: \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_

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

DATE

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**GRANT APPLICATION (page 2)**

Please include all of the information requested below. Send the completed form to the Foundation office by 4:00 P.M. on the deadline date.

In one paragraph, briefly describe your project and how you will apply the funding provided with this grant **by including a detailed budget of projected income and expenses**. Include information on how this project will benefit your students/school and how you will measure the impact of the project.

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SIGNATURE OF PROJECT DIRECTOR:

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DATE: \_\_\_\_\_

PRINCIPAL'S COMMENTS ABOUT PROJECT: \_\_\_\_\_

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SIGNATURE OF PRINCIPAL: \_\_\_\_\_

DATE \_\_\_\_\_