

TRI-CREEK EDUCATION FOUNDATION, INC.



195 West Oakley Avenue
Lowell, Indiana 46356
219.750-1262, Extension 118
FAX: 219.696.2150

Email: tcef@tricreek.k12.in.us
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.

SIGNATURE OF PROJECT DIRECTOR:

DATE: _____

PRINCIPAL'S COMMENTS ABOUT PROJECT: _____

SIGNATURE OF PRINCIPAL: _____

DATE _____