## **GEC Community Foundation, Inc.**

4100 Oklahoma Avenue . Trenton, Missouri 64683 . 660-359-3941 Ext. 23

## **Application for Grant**

1.	Name of School/Organization:			
2.	Address:			
	(Street or P.O. Box)	(City)	(State)	(Zip Code)
4.	Contact Person:		(T:(1.)	
	(Name)		(Title)	
	Telephone Number:(Work)	(Home)	(Cell)	
	,	,	, ,	
5.	E-mail Address:			
6.	Is organization requesting funds exe If yes, please attach a copy of Interna SCHOOLS DISREGARD QUESTION 6.	I Revenue Service Letter or F		
7.	What amount are you requesting? F	Round up to next whole dolla	<u>r</u>	
8.	3. Teacher & Grade/Subject grant will benefit:			
9.	If an organization, please list comm	unities served:		
10	State specific purpose of your requ     Be specific. Attach detailed docume		unds will be used. Inc	lude cost estimates.
11	List other sources of funding (if any	r) that you have secured to n	neet the above reque	st:
Ìs	ducational Institutions Please Con the Administration currently funding a only partially funded by the Foundation	a portion of this project?		
th ur Fo	nis information is for the purpose of o e undersigned. I understand that the ndersigned represents and warrants to bundation, Inc. is authorized to make atements made herein.	information provided herein hat information provided is to	is used in deciding grue and complete. The	rant funds and the ne GEC Community
— Na	ame of Organization	 Signatur	e of Representative, re	auired

Mail completed request to: GEC Community Foundation, Inc., ATTN: Peggy Boulware