

S.E.C. EDUCATION FOUNDATION
GRANT AND DONATION APPLICATION

Name of Individual/organization requesting funds: _____

Date of Request: _____

Address: _____

Contact person: _____ Phone #: _____

Email Address: _____

Brief history or background of organization or resume' of individual:

Is this a non-profit organization? YES ___ NO ___

What is the purpose or mission statement of this organization?

Description of purpose for which funds are being requested:

What are the benefits associated with the funding requested?

Total funding required: _____

Total funding requested: _____

Project time line, if appropriate: _____

How many people with this funding benefit? _____

