

Date _____

D. JACK MAHURON EDUCATION FUND
GRANT APPLICATION

Thank you for applying for a Jack Mahuron Education Grant. Please read the D. Jack Mahuron Fund for Education information sheet before completing this application. Applications will not be considered if instructions have not been followed. This document must be typed and one page only. Do NOT place teacher, school or corporation names on this side of the application. This information should be contained in a cover letter. Grants will not be awarded to the same applicant for the same project more than once. Grants will be awarded to the school. Checks cannot be made payable to individuals. To request this form via email, contact Judy Johnson at director@wccf.biz or Lindsey Wade-Swift at program.officer@wccf.biz.

Title of Grant: _____
Amount Requested \$_____ Grade Level/Subject_____ # of students_____

EXPENSES: Itemize in detail the anticipated costs for this grant. A post grant report will be required with receipts attached. In addition, unspent funds must be returned.

DESCRIPTION OF PROJECT, INCLUDING OBJECTIVES:

PROJECTED DATES OF PROJECT: Beginning _____ Ending _____
ADDITIONAL INFORMATION FOR THE COMMITTEE:

Have you ever received funding from WCCF before? When and for what project (s)?:

APPLICATION DEADLINE: September 25th