

**OAK CREEK-FRANKLIN FOUNDATION FOR EDUCATION
GRANT APPLICATION FORM**

Applicant's Name (*Person/Organization*): _____

Applicant's Phone Number: _____ E-mail: _____

Date Submitted: _____ Date Funds Are Needed: _____

Title of Project/Program: _____

Duration of Project/Program: _____ Amount Requested: _____

Please provide brief yet specific, detailed answers in response to the following questions:

Goals or Purposes of the Project/Program:

Activities to be Conducted as Part of the Project/Program:

People Involved in the Project/Program:

Benefits of the Project/Program for Students in our Community:

Need for Funding from OCFE *(please list specific costs associated with the needs identified):*

Uniqueness of Project/Program:

Applicant's Signature

Date

Principal/Supervisor's Signature

Date