

Edgar Area Education Foundation Grant Application



The EAEF is a non-profit charitable foundation. The Foundation's Goal is: to encourage outstanding academic achievement and provide enhanced learning opportunities to students. This application must be completed and returned to the EAEF President at PO Box 92, Edgar WI 54426 or submitted online at least 60 days prior to the event or projected funding date.

*** All Questions are Required**

Contact Information

Please include all information in the following section to ensure a smooth transition of funding should the grant be awarded.

1. Name */Date of Application* Include name of contact person or person applying for grant.

2. Organization * Include name of organization requesting grant if applicable.

3. E-Mail Address*/Phone Number * Provide the e-mail & telephone/cell number of the contact person.

4. Mailing Address * Provide the mailing address to which funds should be sent if grant is awarded.

Project Description and Information

Provide information about the project or program for which funding is being requested. Include all pertinent information necessary for the EAEF Board to review and base funding decisions upon.

5. Project/Program Title * What is the project or program title? What is the funding request for?

6. When & Where will the project or program take place? * Include specific start and end dates if applicable, or the date(s) for which the funding is needed. Application is due at least 60 Days prior to date. Include information about the location of the event or the site at which funding will be used.

7. Why is this project/program worthy of EAEF Funding? *

The goal of the Foundation is to support outstanding academic achievement and enhanced learning opportunities to the students and community of Edgar. Explain how the funding will benefit one or both of these groups and the value of the project/program.

8. How many students and/or community members will this project or program impact? *

Explain who will attend or benefit from this event and the approximate number of individuals from each group to be impacted.

9. Estimated Program Cost & Amount of Grant Requested?*

Mail completed application to: EAEF President PO Box 92 Edgar, WI 54426