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WeldCCU.com

## APPLICATION

The purpose of the Education Assistance Fund is to help any one who works in the preK - 12 education system within Weld County with additional funding (to be used in a Weld County school) in one of the two following areas:

- School-wide Project Assistance
- Classroom Project Assistance

## **APPLICATION DEADLINES:** October 15 and February 15 (each year)

Please print and fill out completely so we can process your request. Incomplete and/or late applications will not be accepted.

Building Name
Best Time to Contact You

Please read the following Weld Community Credit Union Education Assistance Fund Program Guidelines:

- Grant requests for training/education for individual teachers or school employees will not be granted.
- Grant requests for field trip transportation costs will not be granted.
- Grant requests are to be for the sole benefit of students only. Requests for donations, salaries or other non-educational purposes are not eligible.
- Grant seldom exceeds \$500
- Applications will be reviewed twice each year (February and October), within one week after the application date. Final decisions will be shared in a timely manner after review.
- Approved applications will have checks mailed to the school building in the member's name and the school building name.
- Declined requests will be mailed a courtesy letter. Suggestions/advice from the EAF Committee may be included.
- All recipients of the EAF Grant are asked to send WCCU any advertising produced in conjunction with the project's funding as well as stories and/or photos of the project. These will be shared with the EAF Committee.
- Information regarding EAF Grants may be published in various publications including but not limited to local newspapers, WCCU newsletter, WCCU Annual Report and school district newsletters.

EAF Application continued:

## Total dollar amount requested?

(Please provide detailed cost breakdown. <u>Be as specific as possible.</u>)

ltem	Cost

Can	you benefit from	partial funding?	YES or	NO	Please explain.	_
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Number of students/potential students to benefit from this request:

Please describe your need and the derived benefit from use of funds: (Attach additional information if necessary)

**Applicant Signature** 

Thank you for your completed application.

Education Assistance Fund Committee:	
Date Reviewed:	A/P/D
\$ Amount Awarded: D	Date Funds Disbursed:
Signatures	