



DATE OF APPLICATION

PHONE

EMAIL

MAILING ADDRESS

NAME OF PERSON OR ORGANIZATION REQUESTING FUNDS

TOTAL COST OF PROGRAM

AMOUNT REQUESTED FROM NCCF

DATE FUNDS ARE NEEDED

WHAT ADDITIONAL SOURCES OF FUNDS ARE BEING PURSUED?

PLEASE DESCRIBE THE PURPOSE AND EXPECTED BENEFIT OF THIS GRANT.

Include an explanation of what the individual requesting funds has done to do to raise money for the project. Attach any supporting information that may help the board better understand this request including recommendations from teachers and/or mentors and flyers or pamphlets about the program.