

CHILTON EDUCATION FOUNDATION
2019-2020 P.E.E.CH. GRANT APPLICATION

NAME (If organization or multiple applicants, identify project leader)

Home Address: Street/P.O. Box City State Zip

Home Phone Work Phone

School Position

Project Title Project Budget

Project Subject/Curriculum to be served Number of students to be served Grade of students

_____ Consider partial funding _____ Do not consider partial funding

Date _____

To be considered, you must provide the following in the spaces below:

- I. A BRIEF TYPED DESCRIPTON of your project, 75 words or less.
- II. A DETAILED BREAKDOWN OF EXPENSES.