



AWI Education Foundation Academic Grant Program

CONTACT

School:

Street Address:

City:

State:

Zip:

Primary Contact:

Primary Email:

Primary Phone:

Additional Contact:

Additional Email:

Additional Phone:

Nonprofit Status: Yes No

Federal Tax Id #:

(will be required prior to distribution of funds)

Financial Office Contact:

Finance Office Email:

Finance Office Phone:

REQUEST

Date of Request:

Request Amount:

Purpose of Request: *(check all that apply)*

Technology

Equipment

Facility Improvements

Matching Funds Available: Yes

No

Amount

BACKGROUND

Describe the school's woodworking program: (Background information)

GRANT PROPOSAL

Grant Proposal: (List items to be purchased with grant funds)

Proposal Rationale:

MEASURE OF SUCCESS

If awarded –

How will the grant impact the success of the school's program?

How will the grant to the school's program impact the architectural woodwork industry?

How many students will the grant impact annually?

BUDGET

Provide budget details of project / purchase and source of funding:

IMPLEMENTATION

Provide implementation plan, timeline and additional resources:

GENERAL INFORMATION

Provide any additional information related to this application:

SUPPORTING DOCUMENTATION

Matching Funds Commitment *(Required, if applicable)*

Itemized Vendor Proposals or Quotes *(Required)*

Community Industry Reference Letter(s) *(Required)*

Other

REQUIRED AFFIRMATIONS

I affirm the program is eligible for an AWIEF grant per the requirement of not-for-profit school.

I affirm this school displays critical development in technology and skills used in producing architectural woodwork.

I affirm these funds will be used for the purposed items stated in the application within (18) eighteen months of receipt. Documentation will be provided through purchase verification and photo evidence. If these conditions are not met the full amount of the grant will be returned to the AWIEF.

The undersigned hereby certifies that the information in this request is correct to the best of their information and belief.

Contact Person

Title

Signature of Contact Person

Date