APPLICANT INFORMATION

Name of sponsoring organization:

Member’s name:

Complete mailing address:

Telephone and fax numbers:

Email address:

PROPOSED BUDGET: (MAXIMUM $250.00)

Description:

Amounts:

Total Requested: $

Description: \_

Describe below the purpose, activities planned, and how the funds will be utilized to increase the awareness of Adult Education. A draft of any proposed printed materials or other media must be submitted. NOTE: Acknowledgment must be given to OAACE as a source of funding for the activity.

Date project begins:

Date project ends:

Report: \_

A brief summary and evaluation must be submitted within thirty days of the activity to the OAACE administrative assistant at; oaace@oaace.org.

Programs may be awarded a grant once every two years.

The application must be received electronically by

March 31st for the spring grant and by October 31st for the fall grant.

 Email THIS APPLICATION TO:

OAACE scholarship chair

at

oaace1932@gmail.com

or

Email: oaace@oaace.org