

Belding Education Fund Application for Funds

,	Project Name	
	Your Name	
	Contact number: Email :	
	Position Building	
	Signature of Supervisor who is informed and approves of this request:	
	·	
How many students and/or whom will this affect?		
	Amount requested (provide detailed budget on next page)	
	Amount of total project	
	Give us a Description of how you want to use your mini-grant (please limit description to one page):	

Item & Source	Quantity	Price
	Total Requested	