



GRANT APPLICATION FORM

Orville M. Cotterman Fund, ART Fund, Rebecca Bone Pelfrey Charitable Checking Fund, Blake LaForce #41 Memorial Checking Fund

Please select the Fund from which you are requesting a grant:

- Orville M. Cotterman Grant Fund
- Auditorium Renovation Team (A.R.T.) Fund
- Rebecca Bone Pelfrey Charitable Checking Fund
- Blake LaForce #41 Memorial Checking Fund

For an explanation of the funds, their target amount to be funded, and obligations in exchange for the grants, please visit www.visionsendowmentfund.org.

Grant applications may be received at any time during the year. The committee plans to review grant requests in September, January and April. Funds will be disbursed within thirty (30) days after approval by VISIONS Board of Trustees or appropriate fund designee.

Requests may be sent via email to info@visionsendowmentfund.org. A hard copy may also be sent to the following address:

VISIONS Endowment Fund
Attn.: Grant Committee Chairperson
P.O. Box 90282
Dayton, Ohio 45490

Please use the following format for requesting funds from Orville M. Cotterman, A.R.T., Rebecca Bone Pelfrey or Blake LaForce #41 Funds. Should you have any questions, visit the website at www.visionsendowmentfund.org.

Date _____ School _____

Contact person / applicant _____

Email address of applicant _____

Phone number(s) of contact _____

Grade level(s) _____ Number of students Benefiting _____

On a separate attachment, please provide a brief description (less than 250 words) of the program, project, or equipment to be funded. Be sure to include a budget of the expected income and expenses.

Amount requested \$ _____ Date funds are required _____

Please identify other sources or potential sources of income for this project (other funds or foundations, P.T.A., local service clubs, fundraisers, etc.). How much do you expect to receive from these sources?

Signature of principal / supervisor _____

Signature of applicant(s) _____