**APPLICANT INFORMATION**

Name of sponsoring organization:

Member’s name:

Complete mailing address:

Telephone number with area code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Scholarships and Grants Chairperson.

**Programs may be awarded a grant once every two years.**

**The application must be postmarked or received by email by**

**March 31st for the spring grant.**

**MAIL or EMAIL THIS APPLICATION TO:**

OAACE
1601 W. Fifth Ave, PMB 103
Columbus, Ohio 43212-2310

**Email to:** **oaace@oaace.org**