



PUBLIC AWARENESS GRANT APPLICATION

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: _____



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REPORT:

A brief summary and evaluation must be submitted within thirty days of the activity to the OAACE Scholarships, Awards, and Grants Chairperson at wolfec@delawareareacc.org.

Programs may be awarded a grant once every two years.

**The application must be received electronically or postmarked by
March 31st for the spring grant.**

**EMAIL THIS APPLICATION TO:
wolfec@delawareareacc.org**