

**CONNECTICUT EDUCATION FOUNDATION, INC.
CHILDREN'S FUND
GRANT REQUEST - INFORMATION FORM**

DATE OF INITIAL CONTACT:		AMOUNT: \$
CEA LOCAL UNIT:		
SPONSORING CEA MEMBER:		
TEACHING SCHOOL(S)		
E-MAIL ADDRESS:		
ADDRESS: (H) <i>*Do not use school address as we do not mail checks to the school</i>		
CONTACT PHONE NUMBER		
NAME OF STUDENT(S):		
GRADE:	AGE:	
REASON FOR REQUEST: <u>BE AS SPECIFIC AS POSSIBLE-ALL INFORMATION IS KEPT CONFIDENTIAL</u> Provide information on the family's financial circumstances as well as how the funds will be used.		
LIST ITEMS TO PURCHASE TO FULFILL REQUEST ABOVE:		

NOTE: All sections must be completed in order for this application to be approved.