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MEMBER INFORM	ATION	
Member? Yes No	Member #	
Name		
Address		
City	State	_ Zip
E-mail	Phone Number _	
SCHOOL INFORMATION	ON	
School	District	
Position	Grade Taught	
Amount Requested		
GRANT INFORMATIO	N	
Brief summary of grant request		

What are your goals for this project?
Who and how many will be affected?
When are the funds needed? When will the project be completed?
Detail your grant budget request (you can also attach all the costs related to your grant request).
Matching Funds

Please return all applications by mail or in person to:

Endurance Federal Credit Union c/o Charlsie Harty 703 South 9th Street Duncan, OK 73533