



CCCAF  
 115 E. Main St.  
 Carson City, MI 48811  
 (989) 584-3138

**CARSON CITY-CRYSTAL AREA SCHOOLS FOUNDATION**  
**Request for Funds Application**

**DATE:** \_\_\_\_\_

<b>REQUEST TITLE</b>	
<b>NAME OF PERSON/ORGANIZATION REQUESTING FUNDS</b>	
<b>ADDRESS</b>	
<b>CITY, STATE, ZIP</b>	
<b>PHONE</b>	

<b>FUNDING SOURCES:</b>	<b>HOW MUCH REQUESTING FROM CCCAF</b>	\$
	<b>HOW MUCH RECEIVING FROM OTHER SOURCES:</b>	\$
	<b>SOURCE #1</b>	\$
	<b>SOURCE #2</b>	\$
<b>Date Funds Needed by:</b>		
<b>Funds Approved/Denied</b>		

In the space provided, describe why the funds are being requested and what they will be used for. Grants will be considered for need and educational advancement/opportunity. Application **MUST BE** as detailed as possible for the Foundation Board to evaluate appropriate funding. You will receive notice of approval/denial within two weeks.

Attach a separate sheet of paper if additional space is needed:

Report back to the Foundation on use of funds by: Date: \_\_\_\_\_