



Phoenixville Community Education Foundation

taking education to new heights

PCEF Student Mini-Grant Application for Educational Opportunities 2017-2018 School Year

Dear Applicant:

Thank you for your interest in our Student Mini-Grant program. This program is designed to assist students with **financial need** who want to participate in an **educational program** that is outside the Phoenixville Area School District offerings.

Applicants should complete the attached form and have a parent or guardian sign it and return it to the PCEF office at P.O. Box 348, Phoenixville PA 19460 or email it to jcadigan@pcefonline.com

Please include the name of a teacher or advisor whom we may contact if we have questions about the content of the program. If you need more space please attach an additional piece of paper to your application. It is recommended that you include any brochures or information on the educational program.

The maximum Student Mini-Grant award is \$300 per application. (PCEF reserves the right to limit the number of grants to any individual student during the school year) If you have any questions about the program, please feel free to call our office at 610-933-5911 or email us at jcadigan@pcefonline.com

Thank you

Joan Cadigan
Executive Director



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Student Mini-Grant Application for Educational Opportunities 2017-2018 School Year
This application is for educational opportunities occurring OUTSIDE of Phoenixville Area School District programs.

Applicant Name: _____ Today's Date: _____

Applicant's Home Address: _____ School: _____

Parent/Guardian Name: _____ Email (if avail): _____

Grant Amount Requested: \$_____ (maximum award \$300) Phone: _____

Name of Program: _____

Teacher/Advisor: _____ Teacher/Advisor email or phone: _____

Description of Program: _____

In what way will this program impact your education? _____

What is the total cost of the program? How will additional costs above PCEF grant be paid for (if any)? _____

Is applicant eligible for federal Free and Reduced Lunch program? (circle) Yes No

Please briefly describe reason for requesting financial assistance: _____

Organization's Name to Issue Check to (if approved): _____

Organization's Address: _____

Upon acceptance of this student mini-grant each recipient agrees to provide PCEF with a final report and photos (if applicable) at the conclusion of the project. The report should include a brief overview of your experience and how it has impacted you personally.

signature of parent/guardian

☐ Approved ☐ Declined

Amount Approved \$_____ (maximum award: \$300)

Date

PCEF Executive Director
Notes: