eggs

Educational Gifts, Grants, and Scholorships

EGGS Application Request

Your Name: _____ Age: _____
Foster Parent(s) Name: _____
Address: _____

_____

_____

Telephone: _____
E-mail: _____

Grant; a onetime gift of monies/gift certificates/products given for categories to include, but not limited to: school, sports, camps, arts, child & infant care, vacation, clothes and medical

Scholarship; a sum given on an ongoing basis for categories to include, but not limited to study and education.

Grant/Scholarship requested for: _____

Dollar amount requested: _____
Indicate whether immediate need: Y N Date: _____

In your own words and/or picture please describe your reason for this request:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Send bequest to:

_____

EGGS will forward monies to business or organization named

For Committee Use:

__Application approved Date _____ Committee Member Initials _____
__Application denied Date _____ Committee Member Initials _____

Committee statement(s)

_____