

***Character Council of Edmond
Character Education
Request for Funding***

Main Contact Name: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

PROJECT DESCRIPTION:

Justification of funding as it relates to the goals of character education:

Target population (include all those to benefit from project):

Project activities:

Success Criteria/Measurable Outcomes:

Budget Overview:

ITEMIZED REQUEST	AMOUNT
TOTAL	

Return completed application and any relevant documentation to:

Character Council of Edmond

PO Box 392

Edmond, Oklahoma 73083

Character Council of Edmond Board Member Approval

Approved by: Print Name: _____ Date: _____

Signature: _____

Approved by: Print Name: _____ Date: _____

Signature: _____