

For Tomorrow's Children
Grant Application

Name: _____

Phone: _____

Address: _____

Type of grant requested:

_____ Project funding

_____ Travel funding

Project/Travel Description: _____

How many Starr program participants will be involved in this request? _____

Why is it important for the committee to fund this request? _____

_____ Applicant signature

_____ date

Attach a budget explaining all expenses related to the project or travel request.

**Submit to the Scholarship Office, Albion Campus, Starr Commonwealth, 13725
Starr Commonwealth Road, Albion, MI 49224.**