



Grant Request Form

(Grant maximum \$250.00.)

Required Information:

Date: _____

E-mail: _____

Phone: _____

Organization Name: _____

Type of Organization *(i.e. non-profit, etc.)* _____

Contact Name: _____

Type of Service/Business _____

Purpose of Request *(attach supporting documentation if any):*

Make check payable to *(If approved):*

Check to be delivered to *(address):*

Additional Information:

Comments/Notes: _____

(Use additional sheet if needed)

*Must be submitted to JSEC annually by Nov 23rd for consideration.
Jennifer.Geiger@nysed.gov*

Board Use Only:

Approved Date: _____

Denied Date: _____

Award Date: _____

Amount Awarded: \$ _____