



ABINGTON HEIGHTS EDUCATIONAL IMPROVEMENT ORGANIZATION
APPLICATION FOR GRANT

DATE:

ORGANIZATION/ACTIVITY NAME:

CONTACT PERSON:

TELEPHONE:

FAX:

EMAIL:

AMOUNT REQUESTED:

DESCRIPTION OF FUND USE:

OTHER SOURCES OF FUNDING:

NUMBER OF STUDENTS INVOLVED IN PROJECT/ORGANIZATION:

HAVE YOU RECEIVED FUNDING FROM US IN THE PAST?

IF YES, EXPLAIN

PLEASE RETURN THIS FORM TO:
AEIO, S.BRUNDAGE, 309 CARBONDALE ROAD, CLARKS SUMMIT, PA 18411