



Chicago S.P.E. Educational Foundation

Matching Funds Grant Application



Please type/print legibly

(Application deadline is April 1, 2014)

School Information	Phone: _____ Fax: _____ Email: _____	School Type
Name: _____ Address: _____ _____ _____		<input type="checkbox"/> Elementary <input type="checkbox"/> Junior High <input type="checkbox"/> Senior High <input type="checkbox"/> Community College <input type="checkbox"/> College <input type="checkbox"/> University
Contact Information		
Department/Section:	Phone:	
Individual:	Position:	
Description of Present Plastic Program <i>(continue on separate page if needed)</i> :		
Current Available Plastics Related Equipment <i>(continue on separate page if needed)</i> :		
Number of Students:	Number of Instructors:	Longevity of Program:
Have you received prior Grants from us?		
When? _____	Amount? _____	For? _____
_____	_____	_____
_____	_____	_____
Amount Requested: \$		
Description of Present Request <i>(continue on separate page if needed)</i> :		
How Will You Obtain Matching Funds <i>(continue on separate page if needed)</i> :		
Submitted By:	Title:	Date: