

# **Lillie Ruth Education and Development Foundation**

### **GRANT APPLICATION**

#### **Applicant Information**

Full name:					Dat	e:	
	Last	First		M.I.			
Address:					Pho	one:	
	Street address	3		Apt/Unit #	_		
					Em	ail:	 
	City		State	Zip Code			
Are you a citizen of the United States?		Yes □	No □				
If no, are you au	Yes □	No □					
in no, are you durionzed to morn in the cier.		.00 =					
Have you ever worked for this company?		Yes □	No □	If yes, when?	? _		 
Have you ever been convicted of a felony?		Yes □	No □	If yes, explai	n?		
					-		
Education							
Education							
High school:			Address:				
Гиото	To	Didyo	graduata0	N		Dinlemer	
From:	To:	Dia yo	ou graduate?	Yes □ N	0 🗆	Diploma:	 
College:			Address:				
From:	То:	Did vo	ou graduate?	Yes □ N	o 🗆	Degree:	
110111.			ra graduate:	165 🗆 10	О	Degree.	 
Other:			Address:				 
From:	То:	Did yo	ou graduate?	Yes □ N	o 🗆	Degree:	

#### References

Please list three professional references. Full name: Relationship: Company: Phone: Address: Email: **Current Employment** School Phone: Address: Principal Teaching From: To: Role: Responsibilities: May we contact your previous supervisor for a reference? Yes □ No □ **Previous Employment** School / Phone: Company Address: Principal / Manager Teaching From: To: Role / Job Title Responsibilities: May we contact your previous supervisor for a reference? Yes □ No □ **Grant Funding Request** Materials / Supplies Needed: Professional Development Needed: Technology Needed: **Estimated Cost:** 

## **Military Service**

Branch:	From:	To:						
Rank at discharge:	Type of discharge:							
If other than honorable, explain:								
Mentoring Program								
If I am awarded grant funding, I agree to participate in the LRED Mentoring Program for 1 year. (Please check your answer)  VES  NO								
Disclaimer and signature								
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to funding, I understand that false or misleading funds received and necessary fees associated with the transfer of funds		olication may require the return o	f all					
Signature:		Date:						