**Contact Information**

**School/Organization name:** Click here to enter text. **Year founded:** Click here to enter text.

**Mailing address:** Click here to enter text.

**Phone:** Click here to enter text. **Website:** Click here to enter text. **EIN:** Click here to enter text.

**Primary contact for proposal:** Click here to enter text.

**Title:** Click here to enter text. **Phone:** Click here to enter text. **E-mail:** Click here to enter text.

**How did you hear about this grant opportunity?** Click here to enter text.

Prior to the release of any grant monies, a grant recipient will be required to sign a grant agreement to use funds for the sole purpose stated in the application form. Failure to comply with the terms of the grant agreement will jeopardize any future grants from the DuPage Foundation.

**Electronic Signature of Executive Director/President or Superintendent**

**Full name:** Click here to enter text. **Title:** Click here to enter text.  **Date of submission:** Click here to enter text.

**By entering your information above and clicking "I agree" below, you are certifying that:**

1. the information contained in this application is true and correct.

2. the proposed program/project has been adopted by your organization as a part of its plan of work.

3. you are duly authorized to submit this application, or you have uploaded a signature page of someone who is duly authorized to submit this application on behalf of your organization.

**Your completion of this section constitutes an electronic signature.**

[ ] I agree

[ ] I do not agree

**Amount requested**  $ Click here to enter text. (First year grants will range from $1,000-$5,000)

#### Please respond to the following questions using the space below:

#### What is the overall purpose or mission of your organization/school? Include a brief history.

This area is expandable; please type your responses here.

1. **Describe the project/program for which you are seeking funding. How will this grant be used? What specific need does this address? Who and how many will directly benefit?**

This area is expandable; please type your responses here.

1. **Describe how your organization teaches or plans to teach, within your curriculum, each of the Five Priorities of Life listed in the Beles Christian Education Grant guidelines.**

This area is expandable; please type your responses here.

1. **Describe how your organization holistically teaches or plans to teach these priorities (i.e. as one guiding principle) within your curriculum.**

This area is expandable; please type your responses here.