

For Tomorrow's Children
Grant Application

Contact Name: _____

Phone: _____

Address: _____

Total \$Requested: _____

Attach documentation supporting all requested expenses

Project Description: _____

Names of Starr program participants involved in this request: _____

Why is it important for the committee to fund this request? _____

Applicant signature

date

**Submit to the Scholarship Office, Albion Campus, Starr Commonwealth, 13725
Starr Commonwealth Road, Albion, MI 49224 or Fax to (517)630-2400**