



Office Use Only	
Date Received:	_____
Applicant:	_____
Reviewed:	_____
Approved	____ yes ____ no
Total Funding: \$	_____

Education Grant Application

Please ensure that all answers are complete and clear to the questions on this form. Failure to provide the required information may result in your ineligible to receive the funding. To receive the Municipality of Two Borders Education Grant, please provide a copy of a paid tuition or proof of enrollment and any other supporting documents.

TERMS AND CONDTIONS

Following approval, an agreement will be signed between the applicant and the Municipality of Two Borders. It will outline the terms of the agreement, the acceptable use of funds, course start date and any reporting requirements. Once the agreement is signed by all parties, funds will be transferred. * Each application will be evaluated on merit.

Part A – PERSONAL INFORMATION	
FULL NAME:	
MAILING ADDRESS:	
TELEPHONE NUMBER (HOME/CELL/WORK):	
EMAIL ADDRESS:	
Part B – GENERAL INFORMATION	
EDUCATION PROGRAM OR CERTIFICATE:	
NAME OF SCHOOL / INSTITUTE:	
DETAIL COURSE OUTLINE:	
COURSE START DATE:	EXPECTED END DATE:
NAME OF FUTURE EMPLOYER, IF KNOWN:	
Part C – GRANT REQUEST	
AMOUNT OF GRANT REQUESTED: \$_____	
HAVE YOU RECEIVED A MUNICIPAL GRANT IN PREVIOUS YEARS? ____YES ____NO	
HAVE YOU REQUESTED OR RECEIVED OTHER FUNDING OR SPONORSHIP? ____YES ____NO	
IF YES, PLEASE LIST ALL SPONSORS AND AMOUNTS:	
Part D – PURPOSE OF GRANT	
PLEASE PROVIDE AN OVERVIEW OF THE SERVICE YOU WITH THE EDUCATION/TRAINING WOULD PROVIDE TO THE COMMUNITY:	
PLEASE PROVIDE A DETAILED LIST OUTLINING THE INTENDED USE OF FUNDING:(TUITION, TEXTBOOKS, TRAVEL SUPPLIES, ETC.)	

I,_____hereby acknowledge and affirm that all information provided is truthful and accurate. I commit to exerting my utmost efforts to adhere to all specified requirements.

SIGNATURE: _____