



Anne McCullough Endowment Fund Grant Request

Name _____ Grade _____

Address _____

City _____ State _____ Zip _____

Today's Date: _____

Purpose of request _____

Amount you are requesting _____ Date Money Is Needed By _____

Student signature _____

Parent's signature _____

Guidance Counselor signature _____

Return to: Karen S Moser, Executive Director, WAEF, 630 Evans Avenue, Wyomissing, PA 19610

For office use only

Date Received _____ Date Reviewed by Grants Committee _____

Action: Approved Yes No

Date payment request written _____