



Customers Bank Technology and Trade Grant Application (High School only)

Name _____ Grade _____ Date _____

Address _____

City _____ State _____ Zip _____

Student Cell Phone _____ Parent Cell/Home Phone _____

Student email _____

Parent email _____

Purpose of Request: (Use additional sheets if needed. Minimum 3-5 sentences)

Reason for Financial Need: (Use additional sheets if needed. Minimum 2-3 sentences)

Amount you are requesting _____ Date Money Is Needed By: _____

Student signature _____

Parent's signature _____

Guidance Counselor signature _____

Return to: Molly McCullough Murrill, Executive Director, WAEF, 630 Evans Avenue,
Wyomissing, PA 19610 mmurrill@wyoarea.org

For office use only

Date Received _____ Date Reviewed by WAEF _____

Action: Approved Yes No Approval confirmation _____



Date payment request written _____