



## Anne McCullough Endowment Fund Grant Request

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)

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

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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](mailto:mmurrill@wyoarea.org)

For office use only

Date Received \_\_\_\_\_ Date Reviewed by WAEF \_\_\_\_\_

Action: Approved    Yes            No    Approval confirmation \_\_\_\_\_

Date payment request written \_\_\_\_\_