



## GRANT REQUEST FORM

Please complete this form to request funding from TCU or the TCU Foundation.

Date \_\_\_\_\_ Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Please provide the following information about your organization (circle yes or no).**

- |  |     |    |
|--|-----|----|
| 1. Organization is a 501(c)(3) as defined by the IRS ( <i>only required for funding from TCU Foundation</i> ).                                     | Yes | No |
| 2. Organization is a member of Teachers Credit Union.  | Yes | No |
| 3. Organization has received funding from TCU or the TCU Foundation in the last five years.  | Yes | No |
| 4. TCU Team Members currently volunteer with your organization or serve on your board of directors?<br>If yes, please provide further information. | Yes | No |
- \_\_\_\_\_
- \_\_\_\_\_

**Please provide the following information about your request.**

1. Provide a description of your project/funding request. In addition to this form, please provide any supporting information that will help us understand your request and the impact it will have on the community.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Total Project Cost \_\_\_\_\_

3. Amount Requested from TCU or the TCU Foundation \_\_\_\_\_

4. In addition to funding, are you requesting TCU volunteers for your project? \_\_\_\_\_  
If so, specify total number of volunteers/volunteer hours needed. \_\_\_\_\_

5. Please specify recognition (if any) TCU will receive if request is approved (naming rights, social media announcement, press release, etc.) \_\_\_\_\_

\_\_\_\_\_

Please submit completed form and any supporting info to [tcufoundation@tcunet.com](mailto:tcufoundation@tcunet.com) or mail to the TCU Foundation at 110. S. Main Street, South Bend, IN 46601.