



TEACHER GRANT APPLICATION

Grants will be reviewed twice a year only, please plan accordingly.

Deadline: Oct 15 and March 15

Teacher's Name: _____
Phone Number: _____ email: _____
Your Loudoun Credit Union Account Number: _____ (Must be an Loudoun Credit Union Member)
Which Loudoun County School do you teach at? _____
Grade: _____ Amount Requested: \$ _____ (maximum \$500)

Name of Classroom Project: _____

How many Students will be impacted? _____

Does the project incorporate financial literacy? If so, in what way? _____

Describe the project, how the project is distinctive and the effect/benefit of the project:

Describe the timeframe and estimated detail budget (please list all items):

All contribution requests must be submitted in writing and sent to: Loudoun Credit Union, Attn: Marketing Committee, 112A South Street, SE, Leesburg, VA 20175. Or, you may fax this request to (703) 777-5056. Thank you.