

GRANT APPLICATION FORM

— WORLD TEEN MENTAL WELLNESS DAY

APPLICATION DEADLINE: FEBRUARY 1

APPLICANT INFORMATION

High School Name:

High School Address:

Principal Name:

Principal's Email Address:

Student Name:

Student's Email Address:

FUNDING INFORMATION

Requested Amount (up to \$500):

Please provide a brief description of how the funds will be used:

If your idea is funded, checks will be made out to the school/organization on the provided W-9. If there is a C/O designation with school, please provide it on the second line below.

School Name:

C/O:

Do you and your school agree to share pictures with us on social media (@bi3cincinnati on Facebook, Twitter and LinkedIn) and via email (Marian_Black@bi3.org)?

Yes

Please submit a copy of the school's W-9 with the completed application.



INTERACT
FOR HEALTH

Student Signature

Principal Signature

bi3 BETHESDA
INVESTMENTS
IDEAS
IMPACT

THANK YOU FOR APPLYING

EMAIL COMPLETED FORM TO MARIAN_BLACK@BI3.ORG