

GRANT APPLICATION FORM

— WORLD TEEN MENTAL WELLNESS DAY

APPLICATION DEADLINE: JANUARY 24

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 \$1,000):

Please provide a brief description of how the funds will be used (limit to 250 words):

If your idea is funded, who will be depositing the check?

Will your school share pictures with us on social (@bi3cincinnati) and at communications@bi3.org?

 Yes

Is your school interested in participating in news coverage? (Not required)

Yes

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

Student Signature

Principal Signature



THANK YOU FOR APPLYING

EMAIL COMPLETED FORM TO COMMUNICATIONS@BI3.ORG