

**Oak Tree Foundation**

**Grant Request Form**

Date \_\_\_\_\_

**Applicant** \_\_\_\_\_

Street Address \_\_\_\_\_

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

CCC Employee Status (check one): Full Time  Part Time  department: \_\_\_\_\_

Position: \_\_\_\_\_ Date Began at CCC: \_\_\_\_\_

If Part-time, how many hours do you work per week \_\_\_\_\_ If seasonal, how many hours per year \_\_\_\_\_

**Amount of Grant requested:** \_\_\_\_\_ Other sources of assistance, if any: \_\_\_\_\_

**Short summary of reason for request**

\_\_\_\_\_  
\_\_\_\_\_

**For educational grant requests, please answer the following questions about the student:**

- Is the student a dependent on another person's tax return? YES  NO
- If the student is a dependent on parents' tax returns, are your parents working full time? YES  NO
- What are their positions? \_\_\_\_\_
- What is your or your family's expected contribution to your education expenses (i.e., per FAFSA - attach FAFSA info) \$ \_\_\_\_\_
- Is the student planning on working to help with college expenses? \_\_\_\_\_

**Additional details for reason (include educational and/or career goals, GPA if for education, and any explanations of other sources of support whether available or not available.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If approved, Name and Address to whom payment should be made (e.g., college, attorney, bank):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Signature**