

**GFWC Oviedo Woman's Club**  
**P. O. Box 620522, Oviedo, FL 32762-0522**  
**EDUCATIONAL GRANT REQUEST**  
**DUE MARCH 1, 2025**

**Requestor's Name:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Dept.Name:** \_\_\_\_\_

**Requestor's email address** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Grade Level(s):** \_\_\_\_\_ **Your Total # of Students:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

How many students will be enriched by this project? \_\_\_\_\_

Explain the purpose of your project. How will this project enrich your curriculum?

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Materials and approximate cost (include shipping):

No.	Item Description	Cost	Quantity	\$ Requested
1				
2				
3				
4				
5				
			Total	

**INSTRUCTIONS:**

Email completed application and other information to: [kwebb@unf.edu](mailto:kwebb@unf.edu)  
**Incomplete or late applications will not be considered.**