

2019 Classroom Empowerment Grant Application

Applicant Name:		Title:
School Name/Principal:		
School Address:		
City:	Zip:	Phone:
Email:		
Name of Submitted Project:		
and administrators of K-12 public and a recipient in years past. Ten \$500 gra the right to photograph the grant winn- be completed by the end of the Spring	private schools mants will be awarde ers and use the phe 2020 semester. It st provide written p	ric Cooperative service areas. Teachers ay apply annually, even if they have been ed. Egyptian Electric Cooperative reserves notos for publicity purposes. Projects must accomplete entries will be deemed ineligible proof of completion detailing how the grant letion.
mailing: Egyptian Electric Cooperative IL 62966, emailing bguthman@eeca.co	e, Attn: Brooke Gutle coop, or faxing to (8 o.m. Monday, Nove	I type-written request can be submitted by hman, 1732 Finney Road, Murphysboro, 388) 554-8181. The application must be ember 4, 2019. Awards will be announced
For additional questions, please corphone, (800) 606-1505, or email, bgut		man of Egyptian Electric Cooperative by
Judging Process: Applications will be applicants may be contacted for additional applicants may be contacted for additional applications.		mpartial panel of judges. If necessary,
If I,	, receive of of completion wit	the grant, I pledge to follow all completion thin six months of my project's end.
Signed:(Teacher or Admir	 nistrator)	Date:

This form must be attached as a cover to the actual written grant request. Please read official rules with the application found on our website, www.eeca.coop, before completing this form.