



## Roaring Women Educational Fund

### Grant Application

Application Date: \_\_\_\_\_ Length of Time in Business: \_\_\_\_\_

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Business Registration #: \_\_\_\_\_

\_\_\_\_\_ Corporation: Y N Partnership: Y N

Telephone: \_\_\_\_\_ Proprietorship: Y N

#### **Reason for Requesting the Funds:**

Institution Name: \_\_\_\_\_

Length of Course: \_\_\_\_\_

Cost of Course: \$ \_\_\_\_\_ Books: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Reason the funds are needed: \_\_\_\_\_

\_\_\_\_\_

#### **Initiative:**

**“Please attach the following on separate paper”**

Resume with two business and two personal references and a valid business licence.

Please describe why the funds are needed and what the benefits will be after the educational course.

**Evaluating the Outcome**

At course completion please provide RWEF with proof of completion, certification etc.

If this is an ongoing course or program how will it be sustained after the initial funding period?

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**Other Considerations**

Have you applied for funding from RWEF before? Y N Amount: \_\_\_\_\_

If Yes when: \_\_\_\_\_

What course was taken? \_\_\_\_\_

Was the course or program completed? \_\_\_\_\_

Was proof of completion provided: \_\_\_\_\_

**Authorization:**

We certify that this application for funds has official approval from the RWEF Board of Directors.

\_\_\_\_\_  
Signature of  
Senior Board Member

\_\_\_\_\_  
Signature of  
Financial Officer of the Board

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position \_\_\_\_\_

Please note that at the discretion of the board any application may be rejected.

Deadline for applications: 90 days for professional development  
120 days for post secondary education

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**Board Use Only**

Date Received: \_\_\_\_\_ Approval Date: \_\_\_\_\_ Rejection Date: \_\_\_\_\_

References Provided: Y N