

Educational Aid Committee

GRANT APPLICATION

Please submit application and supporting documents to:

By mail: Educational Aid Committee
OECTA
65 St. Clair Avenue East
Toronto, ON M4T 2Y8

By email: ed_aid@oecta.on.ca

Name of Organization: _____

Name of Contact Person: _____

OECTA Contact or Affiliation: _____

Application is for: 1 year grant Long-Term Grant (up to 3 years)
Length (estimated date of completion) _____

Name of Project: _____

Amount Requested: _____

Has the project received Educational Aid funding before? Yes No

If so, Date(s) _____ **Amount(s)** _____

1. Project Details:

2. Details of how funding will be used: (please attach a detailed breakdown)

3. How will expenditures be documented? (receipts/photographs/etc.)

Funding Details

Preferred method of payment: Cheque Electronic Funds Transfer

Payee/Account Name: _____

Address: _____

4. Organization Details: (Mission/History/etc.)

5. Additional information:

Please attach any additional information that will assist the Committee in determining grant eligibility.