

# West Windsor-Plainsboro Education Foundation

## Grant Check Request Form

Date of Request: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Name of Grantee

School: \_\_\_\_\_

Grant Title: \_\_\_\_\_

Grant Start Date (mo/yr): \_\_\_\_\_ Amount of Grant Awarded: \$ \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail Check to: (Please attach self-addressed stamped envelope)

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

Explanation of expense (What did you buy? Please be specific):

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

Please submit check request, documentation & self addressed stamped envelope to the WWP Education Foundation:

via postal service: WW-P Education Foundation  
P.O. Box 280  
West Windsor, NJ 08550

**Please keep a copy of completed form and receipts for your records**

Need help or have any questions? Email: [info@wwpeducationfoundation.org](mailto:info@wwpeducationfoundation.org)

\_\_\_\_\_

For Office Use Only:

Total Grant: \$ \_\_\_\_\_ Balance on grant: \$ \_\_\_\_\_ after payment

Approved by: \_\_\_\_\_

Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amt Paid: \$ \_\_\_\_\_

Grant period: \_\_\_\_\_ Budget Category: \_\_\_\_\_

*WWPEF Grant Check Request Form*