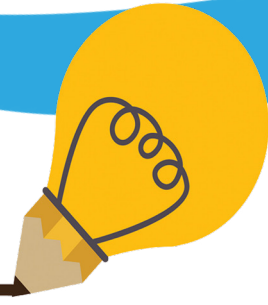


# Big Idea



## TEACHER GRANT PROGRAM APPLICATION



### MEMBER INFORMATION

Are you a Member?  Yes  No Member # \_\_\_\_\_ How long have you been a member with us? \_\_\_\_\_

Which OECU Products do you use? (Check all that may apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Free Checking              | <input type="checkbox"/> Payroll Deduction       | <input type="checkbox"/> IRA Savings Account |
| <input type="checkbox"/> Fresh Start Checking       | <input type="checkbox"/> Visa Credit Cards       | <input type="checkbox"/> Direct Deposit      |
| <input type="checkbox"/> Platinum Checking          | <input type="checkbox"/> Money Market Account    | <input type="checkbox"/> Bill Pay            |
| <input type="checkbox"/> Student Checking           | <input type="checkbox"/> Online Banking          | <input type="checkbox"/> CD Account          |
| <input type="checkbox"/> Rewards Checking           | <input type="checkbox"/> Mobile Banking          | <input type="checkbox"/> Auto Loan           |
| <input type="checkbox"/> Home Equity Line of Credit | <input type="checkbox"/> Regular Savings Account | <input type="checkbox"/> eStatements         |
| <input type="checkbox"/> Other _____                |  |  |

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Application \_\_\_\_\_

### SCHOOL INFORMATION

School \_\_\_\_\_ District \_\_\_\_\_

Position \_\_\_\_\_ Grade Taught \_\_\_\_\_

Superintendent \_\_\_\_\_ Contact \_\_\_\_\_

Principal \_\_\_\_\_ Contact \_\_\_\_\_

### GRANT INFORMATION

Amount requested \_\_\_\_\_

Brief summary of grant request \_\_\_\_\_

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What are your goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who and how many will be affected? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When are the funds needed? When will the project be complete? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detail your grant budget request (you can also attach all the costs related to your grant request). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Matching Funds?  Yes  No      If yes, where are the matching funds coming from? \_\_\_\_\_  
\_\_\_\_\_

If you are awarded a grant, we will send a press release to the local media. Do we have your permission to do so?  
 Yes  No      If yes, where would you like it sent? \_\_\_\_\_

Once this form is completed, return it to any Oklahoma Educators Credit Union Branch or mail to:

Oklahoma Educators Credit Union  
ATTN: Marketing  
PO Box 22222  
Oklahoma City, OK 73123

\*\*Applicants must be employed by an Oklahoma educational institution/district. Applicant's school employment status will be verified.