

SUNFLOWER



Community Credit Union

P.O. BOX 190 407 BROADWAY
MARYSVILLE, KS 66508
PHONE 785.562.3741 FAX 785.562.3439
WWW.SUNFLOWERROCKS.COM

Debit for a Difference Application

Name: _____ Date: _____

Address: _____

Phone Number: Work _____ Cell/Home _____

Email Address: _____

School Employed At: _____

Position: _____

Amount Requested: _____

Please specify in detail what the funds will be used for:

How many students will benefit from this grant? _____

How will it assist students in learning?

Attach to this application a detailed itemization of cost. This can be a printout from Amazon, Best Buy, or wherever you are wanting to purchase your items.

By signing below, I agree to the following terms:

- I currently work at an educational institution.
- If I receive a grant, I will take photos of my purchase being used by students or set up in my classroom.
- Any photos that are taken will and can be used for promotional purposes by Sunflower Community Credit Union.
- I understand that applications will be reviewed the middle of the last month of each calendar quarter.
 - a. March, June, September, and December
- To apply for a grant, I do NOT have to be a member of the Sunflower Community Credit Union. It is open to anyone in the education field in Nemaha, Marshall, and Washington counties.

Print Name _____ Date _____

Signature _____

Signature of Principal _____

Finished applications can be emailed to hannah@sunflowerrocks.com, dropped off at Sunflower Community Credit Union at 407 Broadway in Marysville, KS, or mailed to P.O. 190 Marysville, KS 66508.

GROWING TO SERVE OUR MEMBERS