

Wausau Area Builders Association

Building Youth into Builders GRANT APPLICATION

Return to the Wausau Area Builders Association

801 South 24th Ave Wausau, WI 54401

Phone: 715-409-6054 Email: Cara@WausauAreaBuilders.com Christine@WausauAreaBuilders.com www.WausauAreaBuilders.com *Please complete each question in the space provided. You may provide supplementary materials if you need additional space.*

Part I. Wausau Area Builders Association (WABA) Building Youth into Builders Grant Program

About the program: WABA would like to support the education of the building industry for the area's youth by providing grants to schools construction education programs for necessary items that are not covered by traditional funding. WABA raised money for this grant program mainly through the WABA annual Golf Outing. If your school is within the association's territory (Marathon, Taylor, Langlade, Lincoln and parts of Wood and Clark Counties) and offers classes where students construct building projects, you are invited to submit a request.

This application will be available year-round. Once WABA recieves your application you can expect an answer within 30 days. If your application is approved, we will require that you send a representative to attend a WABA Membership Dinner Meeting to accept your grant.

Part II. General Information

Applicant Phone Number	Email
School Requesting Funding	
Class(es) to benefit from this reque	st
Teacher(s) of the class(es)	
Part III. Grant Request	
The more complete the following in	nformation, the sooner we can process your application.
We are requesting	
	(tools, materials, equipment description)
Would you like the item(s) purchase	, , , , , , , , , , , , , , , , ,
Would you like the item(s) purchase	, , , , , , , , , , , , , , , , ,
Would you like the item(s) purchase If so, include all the information abo	ed for you?YesNo



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If no, please explain other sources______ Estimated Value \$_____ Part IV. Acknowledgment I understand that, in applying for this grant, I am required to send a representative of the school to attend a WABA Membership Dinner Meeting to accept the request, if granted. Applicant Signature______ Applicant Title_____Date_____Date_____

Is this grant the sole funding for this item(s)? ____Yes ____No

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