

Construction Angels Education Fund Application

Date: _____

City and State of operations: _____

Name of Organization, Institution or continuing education facility:

Address: _____

Contact Name (must be decision maker):

Contact Number (indicate, cell or office) preferable both

Office: _____ Cell: _____

E-Mail address: _____

Available Times: _____

Years in business: _____

Area of outreach: _____

Please provide information about your organization, association, institution or continuing education programs:

Describe the mission of your organization, association, institution or continuing education programs:

Anticipated number of students assisted by CAEF (Construction Angels Educational Fund):

In detail how will the funds be utilized? _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION.

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