GAME CHANGER GRANTS

GRANT APPLICATION

Name:
Team Members:
Draig at Title:
Project Title:
What is the problem you are trying to solve? All text must fit into the box below.
Description of Project: All text must fit into the box below.



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In the provided area please describe how your project relates to each <u>OTC</u> Cares Pillar:

Pillar Solution Student-Centered How will your project affect our students? Data-Informed **Proactive** How will this project provide help to students before they seek it? Holistic How will this project meet student needs, not just those expressed?

All text must fit into the available boxes.





GRANT APPLICATION

Budget:

Item	Amount	Description	Total
	1	Total	
		1	1

Will this project continue after grant funds have been spent, if so, how will the project
be funded? All text must fit into the box below.

Save this document and submit it via the docusign form on the Game Changer page.

