The Woodcock Foundation, Inc.
Education Grant Designation Form 2025

Designating Church: _____

Church's Location: (City/Town) _____

Grant Recipient's Information

1. Name: _____
   First Name Middle Name Last Name

2. Mailing Address: _____
   Street Address

   _____
   City State Zip/Postal Code

3. Preferred Phone Number: _____ Cell Home
   (xxx)xxx-xxxx

4. E-mail Address: _____

5. Date of Birth: _____
   MM/DD/YYYY

Educational Institution's name and its unique identifier assigned to Recipient:

Institution's Name: _____ Student ID: _____

Complete name, address, and phone number of the Institution's Office to which the grant payment should be sent:

Institution's Office Name: _____

Mailing Address: _____
Street Address

_____
City State Zip/Postal Code

Institution's Phone Number: _____
Example: (xxx)xxx-xxxx

Attach evidence from the Institution of Recipient's current enrollment or acceptance for enrollment for the next available semester.

Church's Designation Grant Recipient

By authority of the above-named Church, I confirm that the above-named Recipient has been duly designated to receive an education assistance grant from the Church for the next available semester in the amount shown below.

Signature: _____ Title: _____

Printed Name: _____ Phone: _____
(xxx)xxx-xxxx

Grant amount: $ _____

Send the completed and signed form via email or mail by June 30, 2025 to:

woodcockfoundation@gmail.com

The Woodcock Foundation, Inc.
P.O. Box 7344
Louisville, KY 40257