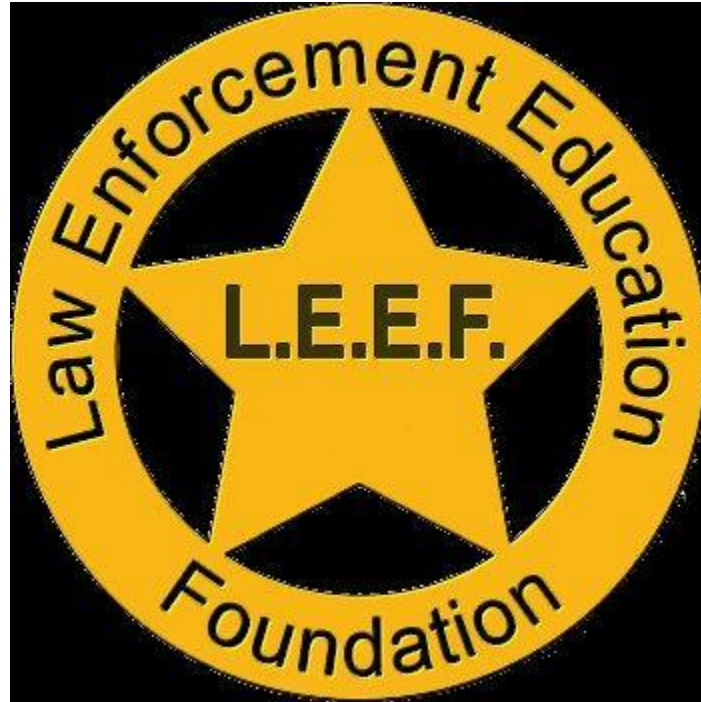


Law Enforcement Education Foundation Training Grant Application

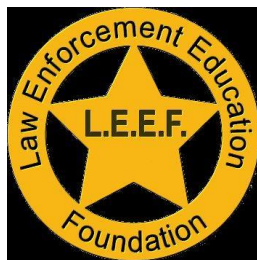


Grantee: _____

Date: _____

2120 Powers Ferry Road
Suite 125
Atlanta, GA 30339
<http://thetruthaboutpolice.com/>
478-CARRY-41
EIN # 45-5494053

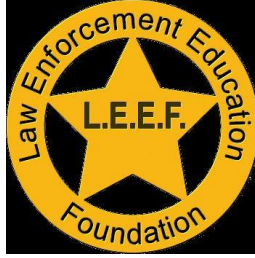
(Revised 5/18)



Instructions for Completing an Application for a Law Enforcement Education Foundation Training Grant

Please provide the completed application for review by email to:

Jennifer Chambrin
Grant Applicant Coordinator
jennifer@laweef.org



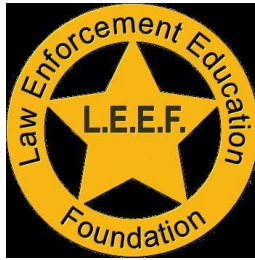
Contact Information

1. Name and Address of Organization: _____

2. Contact Information:
 - a. Contact Name: _____
 - b. Contact Name Position: _____
 - c. Contact Email: _____
 - d. Contact Phone Number: _____
 - e. Contact Fax Number: _____
 - f. Contact Address: _____

 - g. Contact Website: _____

3. Principal Officer or Director for this project.
 - a. Name: _____
 - b. Title / Position: _____
 - c. Email Address: _____
 - d. Phone: _____



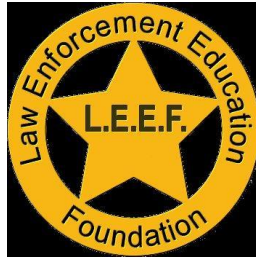
Grant Information

1. Describe the type of training being requested (attach additional page if needed).

2. Who will be eligible for training? _____

3. How many trainees? _____

4. How will this training benefit your organization (attach additional page if needed)? _____



Authorization

I, _____, on behalf of
_____, do attest that the
Information in the above application to the Law Enforcement Education Foundation
is true and correct and that any grant monies received shall be used solely for the
purposes set forth in this grant application.

Name of Applicant

Signature of Applicant

Date of Application