

LEARNING RESEARCH ASSOCIATION

P. O. BOX 7175

LONG BEACH, CALIFORNIA 90807

TEL: (562) 496-2550 FAX: (562) 429-8699

APPLICATION FOR FUNDS

Name: _____

Address: _____

Telephone No (Hm) _____ (Wk) _____

Occupation: _____

In the space below, please explain in your own words why you are applying for this financial assistance.

Amount of financial assistance requested? \$ _____

What amount are you willing to contribute? \$ _____