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NEW EDGE ACADEMY ENDOWMENT FUND APPLICATION FOR FUNDS

Date: _____

Person, group, or organization requesting funds (include website or address)

Amount requested: _____

Reason funds are being requested (attach a separate page if necessary):

Date by which you would like to receive the funds: _____

Check made payable to: _____

Signature: _____

Contact person (name, email address, and phone) if a group or organization:

(Name)

(Phone)

(Email)

Please complete and return the form to:

Endowment@newedgeacademy.com

OR mail to:

PO Box 880550 Pukalani, HI 96788