





Request for Funds

Information about your organization/institution

It is Plaza Comunitaria: YES: NO:
It is an educational organization/institution: Public Private:
Name:
Full Address (Number, Street, City, County, State, Zip Code):
Does your organization/institution have more than one addresses? Please include:
Telephone numbers:
Web page:
Facebook:
Twitter:
Federal Tax ID number:
Years of experience:
Information on the person representing the organization/institution
Full name starting with the last (family) name:
Telephone number:
E-mail address:









Amount requested from IME Becas 2025 and budget

Amount requested	Amount that will contribute
\$	\$ The amount must be at least equal to the amount of the request
How many people will proje	ect benefit?
	This information is paramount to consider the request of your
	oroposal no longer than three pages oformation presented in this format is true.
Name and Charge	Place and Date
	
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IMPORTANT DATES TO CONSIDER

May 2, 2025	Deadline to receive requests.
May 29, 2025	The Consulate will publish the results on its website.
July 26, 2025	The Consulate will deliver the corresponding checks to the selected organizations and institutions.

