



COVER SHEET

Application must be typed.

Application Date: _____

Project Title: _____

Amount Requested: _____ Length of Project: _____

Start Date: _____ End Date: _____

Number of Students: _____ Grade Level: _____

Number of Teachers: _____

Project Coordinator(s): _____

School: _____

The Project Coordinator should be the individual with primary responsibility for executing the project.

Principal: _____

Principal's Signature

For Foundation Use Only

Date Received: _____ Curriculum Director: _____ Grant Comm Review _____

Submitted to Board: _____ Board Review Date: _____ Project Start Date: _____

Project End Date: _____ Funds Closeout: _____