

PROJECT INFORMATION

Project Title: _____

Name of School(s): _____

One Sentence Synopsis: _____

Grade Level (s)/Subject(s) of project: _____

Project Cost: _____

Have you applied for this project before? Yes No

If yes, was it funded? Yes No Please attach a copy of your completed grant evaluation

Approximate number of student participants: _____

Does your project involve any change to or impact on any school district facility, grounds or technology?

Yes No

If yes, you MUST include all costs and appropriate district approvals.

SIGNATURES OF AUTHORIZATION FOR THIS PROJECT

School Principal(s): _____

Buildings and Grounds (any impact inside or outside requires a signature):

_____ James Ristano

Technology (anything using a computer or electricity requires a signature):

_____ Ryan Meloni

The Ed. Foundation (applications from parents, parent groups, students or community members require a signature):

_____ Mara Silverstein

Applications may be returned in a sealed envelope to The Ed. Foundation drop box located in each school office. An email will be sent to confirm receipt of your application. If you do not receive a confirmation, please contact Sue Hershkowitz (grants@theedfoundation.org).