

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):

_____ Brian Graham

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

_____ Ryan Meloni

Software/Digital Applications:

_____ Christine Wise

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

_____ Suzanne Hershkowitz

Applications may be scanned and emailed to grants@theedfoundation.org.
An email will be sent to confirm receipt of your application.