

## C-6 Educational Foundation Grant Application Authorization

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Name of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

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List school, grade and classroom subject taught \_\_\_\_\_ Email Address and Phone \_\_\_\_\_

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Name of project, start date of project and estimated date of completion \_\_\_\_\_

By signing this application, I/we understand that I/we will be responsible for implementing the proposal. I will submit a **Final Report upon completion of the project to the Foundation.** Photos, notes and etc. would be a good accompaniment.

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Signature of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Assistant Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**Foundation Response:** \_\_\_\_\_ **Date Received** \_\_\_\_\_

Classroom Grant \_\_\_\_\_ Cultural Grant \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comment:

## **Guide for Writing Grant Proposal**

Justify the need for the grant funds by addressing the areas below. Information must be TYPED to be considered for approval. Attach supporting information to support your request, if needed. Proposal can be typed on this page and you can attach additional pages, if needed.

1. Program purpose and plan
2. Anticipated date and time of program. Place of program
3. What do you expect to achieve?
4. Approximate cost and amount of funds requested
5. Number of students or grade that will be participating in the project

Please email a scanned copy of this application with the necessary signatures to:

[c6foxfoundation@gmail.com](mailto:c6foxfoundation@gmail.com)

Alternatively, you may take the completed and signed application to the Central Office, or mail it to:

C-6 Educational Foundation  
Central Office  
745 Jeffco Blvd.  
Arnold, MO