

C-6 Educational Foundation Grant Application Authorization

Name of Applicant(s)

Date

List school, grade and classroom subject taught

Email Address and Phone

Name of project

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.

Signature of Applicant(s)

Date

Signature of Principal

Date

Signature of Assistant Superintendent

Date

Foundation Response:

Date Received _____

Classroom Grant _____

Cultural Grant _____

Approved _____

Denied _____

Comment: