

Classroom Grants Application – Due October 18, 2017

Applicant Name: _____

School: _____ **Grade/Subject:** _____

School Address: _____

Phone # _____ **E-mail** _____

PROJECT TITLE _____

TOTAL AMOUNT REQUESTED \$ _____ (Receipts will be required)

Description/Objectives of Project (please also include what you will purchase with the grant money.)

Number of Students Served: _____

Estimated Time Frame for Project: Starting Date: _____ Ending Date: _____

If awarded a Classroom Grant, I will use the money for the project above:

Teacher's Signature: _____ Date: _____

Principals: Please check all boxes that apply.

- The proposed grant is in alignment with the school's mission, vision, beliefs and/or student learning objectives
- Other – please describe on back.

My signature represents that I have reviewed and approve the pursuit of this proposed grant.

Principal's Signature: _____ Date: _____

Please mail application to: MCCF, P.O. Box 28, Loogootee, IN 47553
or make arrangements with Curt Johnson, Executive Director at 812-295-1022.