

ROCKAWAY BOROUGH SCHOOL DISTRICT
GRANT APPLICATION REQUEST FORM 2019-2020

Applicant Name:

Applicant's School:

Applicant's Position/Subject:

Grade:

Day Telephone:

Evening Telephone:

Project Title:

Target Population/Number of Students Involved:

Project Dates:

Requested Amount:

1. Provide a brief description of the proposed project and its objectives:

2. How will this project benefit your students:

3. Describe how you will measure the success of the project:

4. Provide a detailed budget with amount needed to fund the proposed project. (An invoice with vendor information will be required for payment):

5. Do you anticipate this project to reoccur or renew annually?

Applicants Signature

Date Submitted

As school principal/administrator, I acknowledge submission of this application and will support the applicant(s) in implementing the proposed project, if funded.

Signature of school principal

Date

To submit your grant, please scan completed application (make sure both signatures are complete) to: rockboroedfoundation@gmail.com. An invoice and completed requisition form (see below), with vendor information will be required for payment. You will receive a confirmation within 10-15 days

GRANT APPROVAL VIA HOME & SCHOOL ASSOCIATION: _____

GRANT APPROVAL VIA ROCKAWAY BORO ED FOUNDATION: _____

SHARED GRANT (HSA & RBEF): _____