



School District Grant Application

Name of Applicant: _____

Teaching Domain: _____

School District Name: _____

Applicant Contact Information:

School Mailing Address: _____

School Email Address: _____

School Phone Number: _____

Grant Request Amount: _____

What is the intent of the grant request?

Approximate number of students involved in the project.

List the **specific** goals and objectives for the students served by the grant.

How does this request enhance the student's current curriculum?

Time frame for project:

How many days/months will the project take to complete?

When will this project be completed?

If selected, are you willing to be present at the May 17th fundraiser for CHARAC? At the event, grant recipients are asked to have a small display showing the results of the project.

Yes _____

No _____