



APPLICATION

SCHOOL DISTRICT GRANT

Teacher's Name:	Teaching Domain:					
School District Name:						
School Mailing Address	Street:					
City, State, Zip Code:						
School Phone #:	School email:					
Type of Grant Requested:	<input type="checkbox"/> Project	<input type="checkbox"/> Supplies	<input type="checkbox"/> Other			
Grant Request Amount: \$	Approx. # of students involved in request?					
What is the intent of the grant request?						
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 (start and end dates):						
Your Art Category	Visual Arts	Performing Arts	Culinary Arts	Literary Arts	Graphic Design	Other
Project Expense Detail – complete all expense categories pertain to the project request						
Materials – List Individually		Expense				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				



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Transportation

Number of Buses:	Total Expense: \$
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OR

Mileage:	Total Fuel Expense: \$
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Artist in Residence

# Hours/Days:	Total Expense: \$
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Printing

Items printed:	
Number printed:	Total Expense: \$

Other Expenses (please list):
Grand Total of All Project Expenses: \$

Other Information that will help CHARAC understand the need for your request:

Please email completed application to: cablehaywardarts1996@gmail.com or

mail to: CHARAC, P.O. Box 1012, Hayward, WI 54843