

Vestal School Foundation Grant Application

You may add up to two additional sheets to answer the questions.

Name(s) of Applicant(s)

Contact Person

Contact Phone

E-mail

School / Organization

Proposed Title

Total Amount Requested \$

Project Start Date

Project Completion Date



1. What is the specific goal of the project?

2. Describe the project and the plans for implementation.

3. How will the project enhance the quality of education in the Vestal Schools?

4. How many students, staff and teachers will be involved in the project?

5. Will the project have longterm benefits for Vestal students and educators?

6. How will the success of the project be monitored?

7. Is funding being sought from other sources for this project? If yes, please list the sources and, if applicable, include any in-kind donations

8. Itemized Budget

9. List/attach other pertinent information about the proposed project not covered in questions 1-8, including photos, web links, and supplemental descriptive materials.

10. Could you carry out this project if full funding were not available? If so, indicate how you would proceed at 75% and 50% funding. NOTE: Grants are awarded for the following school year. All funds must be used by the conclusion of that school year.

Required Approvals

Signature of Applicant _____

Signature of Bldg. Principal/Administrator _____

If student applicant
Signature of Teacher Sponsor _____