

GRANT APPLICATION

Individual or team applications may be submitted

Applicant N	lame:								
Name of G	rant:	Classroom Educational Fund	Amount of Grant:						
Building:			Grade/Subject:						
APPLICATION INSTRUCTIONS									
Ī	Page 1 -	on should consist of the following: A completed copy of this form with sign of the following: 1. Summary of grant 2. Details regarding relevance to subjug of the following:	ect(s) taught						
ı	Page 3 -	Grant Funding Outline - list actual cos	t in detail						
Post Grant	Requirer	ments:							
		ipients will be required to complete the other materials (videos, thank you lett							
Applicant's S	Signature		Date						
Principal's Si	ignature		Date						
	Re	turn this form by email or inter-schoo	I mail to the Foundation Office						

Independence School District Foundation
201 N. Forest Ave Independence, MO 64055

Phone: 816-521-5300 Fax: 816-521-5667 amy_knipp@isdschools.org

Page 1 - Grant Application

Application must arrive before 4:00pm on Friday, May 1, 2020.



GRANT DESCRIPTION: Classroom Educational Fund

pplicant Name:								
Grant des	cription including:							
	Summary of the grant							
	Details regarding relevance to subject taught							
•	Description of the educational outcome							
Γ								



GRANT FUNDING OUTLINE: Classroom Educational Fund

cant Name:					
Item	Number needed	Supplier	Amount*		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

*Brief documentation on funding estimates must be attached to this request.

*TOTAL GRANT REQUESTED