

## **GRANT APPLICATION**

Individual or team applications may be submitted

Applicant Name:		Office Phone:				
Name of Grant:	Classroom Educational Fund	Amount of Grant:				
Building:		Grade/Subject:				
APPLICATION INSTRUCTIONS						
Your grant applicati	ion should consist of the following:					
Page 1 -	A completed copy of this form with signatures					
Page 2 -	Page 2 - Grant description including:					
	1. Summary of grant					
	2. Details regarding relevance to subject	(s) taught				
	3. Description of the educational outcom	ne				
Page 3 -	Grant Funding Outline - list actual cost in detail					
Post Grant Require	ments:					
Grant recipients will be required to complete the post-grant assessment and provide						
photos or other materials (videos, thank you letters, art, etc).						
Applicant's Signature		Date				
Principal's Signature		Date				

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

Phone: 816-521-5300 Fax: 816-521-5667 allison\_kisner@isdschools.org

Page 1 - Grant Application

Return this form by email or inter-school mail to the Foundation Office Application must arrive before 4:00pm on Friday, March 27, 2015



## **GRANT DESCRIPTION: Classroom Educational Fund**

## Applicant Name:

Grant description including:

- Summary of the grant
- Details regarding relevance to subject taught
- Description of the educational outcome



## **GRANT FUNDING OUTLINE: Classroom Educational Fund**

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Item	Number needed	Supplier	Amount*	
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			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
	\$			

<sup>\*</sup>Brief documentation on funding estimates must be attached to this request.