| CHARAC Logo 2018_croppedApplication  School district grant |
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|  |
| Applicant Name: | Teaching Domain: |
| School District Name: |
| School Mailing Address | Street: |
| City, State, Zip Code: |
| School Phone #: | School email: |
| Type of Grant Requested:  | \_\_\_\_\_Project | \_\_\_\_\_Supplies | \_\_\_\_\_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): |
|  |
| **Project Expense Detain – complete all expense categories pertain to the project request** |
| Materials – List Individually | Expense |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  |
| **Transportation** |
| Number of Buses: | Total Expense: $ |
| OR |
| Mileage: | Total Fuel Expense: $ |
|  |
| **Artist in Residence** |
| # Hours/Days: | Total Expense: $ |
|  |
| **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: |
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| **Please email completed application to:** **cablehaywardarts@yahoo.com** **or** **mail to: CHARAC, P.O. Box 1012, Hayward, WI 54843** |