| CHARAC Logo 2018_croppedApplicationSchool district grant | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| 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**](mailto:cablehaywardarts@yahoo.com) **or**  **mail to: CHARAC, P.O. Box 1012, Hayward, WI 54843** | | | | | | | |