



APPLICATION SCHOOL DISTRICT GRANT



Applicant Name:	Teaching Domain:
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School District Name:

School Mailing Address	Street:
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City, State, Zip Code:

School Phone #:	School email:
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Type of Grant Requested:	_____Project	_____Supplies	_____Other
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Grant Request Amount: \$	Approx. # of students involved in request?
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What is the intent of the grant request?
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List the specific goals and objectives for the students served by the grant:
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How does this request enhance the student's current curriculum?

Time frame for project (start and end dates):



Project Expense Detail – complete all expense categories pertain to the project request

Materials – List Individually	Expense
	\$
	\$
	\$
	\$
	\$



Transportation

Number of Buses:	Total Expense: \$
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OR

Mileage:	Total Fuel Expense: \$
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APPLICATION

SCHOOL DISTRICT GRANT

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:

Please email completed application to: cablehaywardarts@yahoo.com or
mail to: CHARAC, P.O. Box 1012, Hayward, WI 54843