



APPLICATION

SCHOOL DISTRICT GRANT

Teacher's 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):																													
Your Art Category			Visual Arts			Performing Arts			Culinary Arts			Literary Arts			Graphic Design			Other _____											
Project Expense Detail – complete all expense categories pertain to the project request																													
Materials – List Individually												Expense																	
												\$																	
												\$																	
												\$																	
												\$																	
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												\$																	
												\$																	



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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:

Please email completed application to: cablehaywardarts96@gmail.com or

mail to: CHARAC, P.O. Box 1012, Cable, WI 54821