



DC WEST SCHOOLS FOUNDATION CLASSROOM GRANT APPLICATION

Grant/Project Title: \_\_\_\_\_

Applicant(s): \_\_\_\_\_

Building: \_\_\_\_\_ E-mail/Phone: \_\_\_\_\_

On a separate sheet of paper, include the following:

- Explain your classroom grant and how it would be used to engage students.
- List any goals and objectives.
- Tell us how many students would be impacted by this grant.
- If a timeline can be applied to your request, please provide one with your target start and completion dates.
- Please explain all costs and all expenses attached to your grant. Please include any other funding sources for your request, including in-kind resources. If this is part of a bigger budget matter, please explain.

AMOUNT REQUESTED: \_\_\_\_\_ DATE FUNDING IS NEEDED: \_\_\_\_\_

HAVE FUNDS BEEN RECEIVED FROM THE DISTRICT FOR THIS PROJECT IN THE LAST 12 MONTHS?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, HOW MUCH WAS APPROVED? \_\_\_\_\_

HAVE FUNDS BEEN RECEIVED FOR THIS PROJECT FROM EXTERNAL SOURCES IN THE LAST 12 MONTHS?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, FROM WHOM AND HOW MUCH? \_\_\_\_\_

**\*GRANTS WILL BE AWARDED UP TO \$250. IF MORE IS REQUIRED, PLEASE APPLY FOR SPECIAL PROJECT FUNDS FROM THE FOUNDATION.**

**ALL ITEMS PURCHASED BY DC WEST SCHOOLS FOUNDATION CLASSROOM GRANTS ARE PROPERTY OF DC WEST COMMUNITY SCHOOLS.**

SIGNATURE OF APPLICANT AND SIGNATURE OF PRINCIPAL OR ADMINISTRATOR:

\_\_\_\_\_  
(APPLICANT) (PRINCIPAL OR ADMINISTRATOR)

\_\_\_\_\_  
(DATE) (DATE)

Request deadlines are September 15th or January 15th with notification the following month.  
Email form to: [dwestschoolsfoundation@gmail.com](mailto:dwestschoolsfoundation@gmail.com)