



East Brunswick Education Foundation

PARTNERSHIP GRANT APPLICATION

For grants not to exceed \$2500. Must have least one other funding source. May be submitted at any time once funding from another source has been acquired.

Name(s)*: _____ Position: _____

*If more than one applicant who should the Grants Committee contact?

Date: _____ Beg. Date: _____ End Date: _____

School/Organization: _____

Title of Project: _____

Other Funding Source (s): _____ Amount: _____

Amount Requested: _____ Grade(s): _____ Number of Students: _____

Have you received funding for this project from the EBEF before? YES NO

I. Description

Please attach a summary explaining the proposed project.

- A. Your goal
- B. How you plan to implement this project
- C. How this project will enhance the curriculum
- D. Any other information about your project

II. Budget

Please attach a complete breakdown of expenditures.

III. Signatures

A. Applicant(s) _____

B. Principal (*with comment*) _____

C. Supervisor (*with comment*) _____

D. Superintendent _____