



SUMMIT HILL EDUCATIONAL FOUNDATION 2010-2011 GRANT APPLICATION

The following steps must be **completed in full** and included in your application packet for consideration of funding.

1. Complete typed grant application with required signatures
2. Program/Project description
3. Provide detailed budget

Grant applications are located on the district website.

Your completed SHEF Grant Application packet must be delivered to

District Office by April 16, 2010

Each grant application will be evaluated independently. All technology requests must be reviewed and signed off by the district technology representative.

Upon receipt of the grant application packet, the applicant will receive a confirmation email. Grant decisions will be communicated to applicants via email by May 21, 2010.



Lead Applicant's Name/email: _____

Co-Applicant's Name/email: _____

Co-Applicant's Name/email: _____

Co-Applicant's Name/email: _____

School /Grade Level/Subject: _____

Project Name: _____

Amount Requested: \$ _____

I have reviewed this project application with my principal and if applicable the district technology representative to ensure the technology request is compatible.

Signature of Principal _____ Date _____

Technology Signature _____ Date _____

Acceptance of Funding *I certify that if approved, the funds I am requesting will be used only for the purposes indicated in this application. I understand that all awarded grants become the property of School District 161. I also understand that receipts for all purchases must be submitted by the grantee(s) or the school district to the Foundation's treasurer for reimbursement. I understand the requirements in accepting funding from the Summit Hill Educational Foundation and I realize any expenses incurred above and beyond the maximum grant amount are my responsibility, and will not be reimbursed by the Summit Hill Educational Foundation or its members.*

Signature of Applicants

(By signing below you indicate acceptance of terms)

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Application # _____
(SHEF assigned)



SUMMIT HILL SCHOOL DISTRICT EDUCATIONAL FOUNDATION

Project name: _____

Amount requested: \$ _____

WHAT: (Program Description)

WHY: (Why is the project/program important?)

WHO: (Who will be involved in this project?)

HOW: (How will you evaluate the project/program and results?)

WHEN: (Provide project/program timeline and future continuation)

