



GRANT APPLICATION

Teacher Applying for Grant _____

School District Applying for Grant _____

School Mailing Address _____

School Phone Number _____

County School Is In _____

Grade Applicant Is Teaching _____

Amount of Funding Requested _____

Other Source of Funding _____

Will Items Purchased Be Used More Than One School Year _____

I certify that this information is accurate and true. The Operation Round Up Board Members are authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein. Funding is subject to Board's discretion. I realize that any false information may result in the rejection of this application.

Teachers Signature

I support this project at my school.

Principals Signature

Date