



Educational Projects & Grants Application Circleville City School Foundation

Name of Applicant:		
Title/Position: <i>(include school if appropriate)</i>		
Telephones:		
Office email:		
Home email:		
Name(s) of Collaborator(s)	1. 2.	
Title(s)/Position(s): <i>(include school if appropriate)</i>	1. 2.	1. 2.
Office emails:	1. 2.	
Home emails:	1. 2.	
Total Amount you are seeking:		

Complete Sections A and B and obtain required signatures before submitting to ***Educational Projects and Grants Committee***. Email completed application to Committee Chair or leave a copy in Superintendent's office at the High School.

CCSF Educational Projects & Grants Application

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Details of Project or Grant

Respond to the following 4 questions as fully as possible. The box will expand to accommodate your responses.

- 1. Provide a description and relevant details about your proposal:
(Attach informational materials, brochures, articles if helpful.)**

- 2. Describe why this proposal is relevant, valuable or important in meeting the Foundation's mission of "enriching educational opportunities":**

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3. Identify how the funds will be utilized and describe the activities, research, experiences, and how it will improve the educational experience, knowledge or effectiveness of:
1) students; 2) teachers; 3) the overall curriculum; or 4) the district's, or school's, effectiveness and educational success: (Comments on possible short or long-term value for the district, school or community are also welcome.)

4. Is this application a one-time request? Yes No
NO - Is it likely that funding for this project will be needed to implement in subsequent years? Yes No **continue or**
NO - what are other sources of possible funding?

This application should be discussed with the school Principal, other teachers and administrative personnel. Please include signatures of the school Principal, other collaborating teachers or administrative personnel (when appropriate) to indicate support and approval of this proposal.

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Signature of Applicant

Date

Signature of Collaborator 1.

Date

Signature of Collaborator 2.

Date

Signature of Administrative Personnel *(if applicable)*

Date

Signature of School Principal

Date

Budget Details

Please provide a detailed budget of how you anticipate the support funds should be provided.

Item	Description/Title	Date Needed By	Amount
Initial Deposit <i>(if necessary)</i>			
Payments <i>(if needed)</i>			
Final Amount			
TOTAL			

CCSF Approvals

This Project/Grant Application has been reviewed by the Circleville City School Foundation committee.

CCSF Educational Projects & Grants Application

This application has been approved

Yes No

Date of Committee Approval: _____

Date of Full Board Approval: _____

Signature of CSSF Projects & Grants Chair

Date

Signature of CSSF Chair

Date

xc: CCSF Treasurer
Applicant(s)