



## STUDENT & TEACHER GRANT APPLICATION

**Please submit only the original application. No copies are necessary.  
Please bind the application pages with a paperclip. DO NOT STAPLE.**

Please type or print legibly.

Name of Student(s) Submitting Grant (*no more than two*):

Grant Title:

Name of Teacher to Receive Grant:

Teacher's E-mail Address:

School:

Grade, Resource, Subject or Club:

Dollar Amount Requested:

First Student's Signature:

Second Student's Signature (*if two*):

Teacher's Signature:

**NOTE TO TEACHERS:** If you teach a contained classroom, please submit only one grant request from your class. If you teach more than one academic area and/or lead a club or organization, you may submit one grant for each academic area you teach and one grant for each club or organization you lead or sponsor. If you have questions, please call Gale Croft at 943-5520.

Principal's Signature:

Date:

Principal's Comments:

SOUTH BALDWIN CHAMBER FOUNDATION, INC.  
STUDENT & TEACHER GRANT APPLICATION FORM

PART 1: SUMMARY FORM

Teacher: Please type or print legibly.

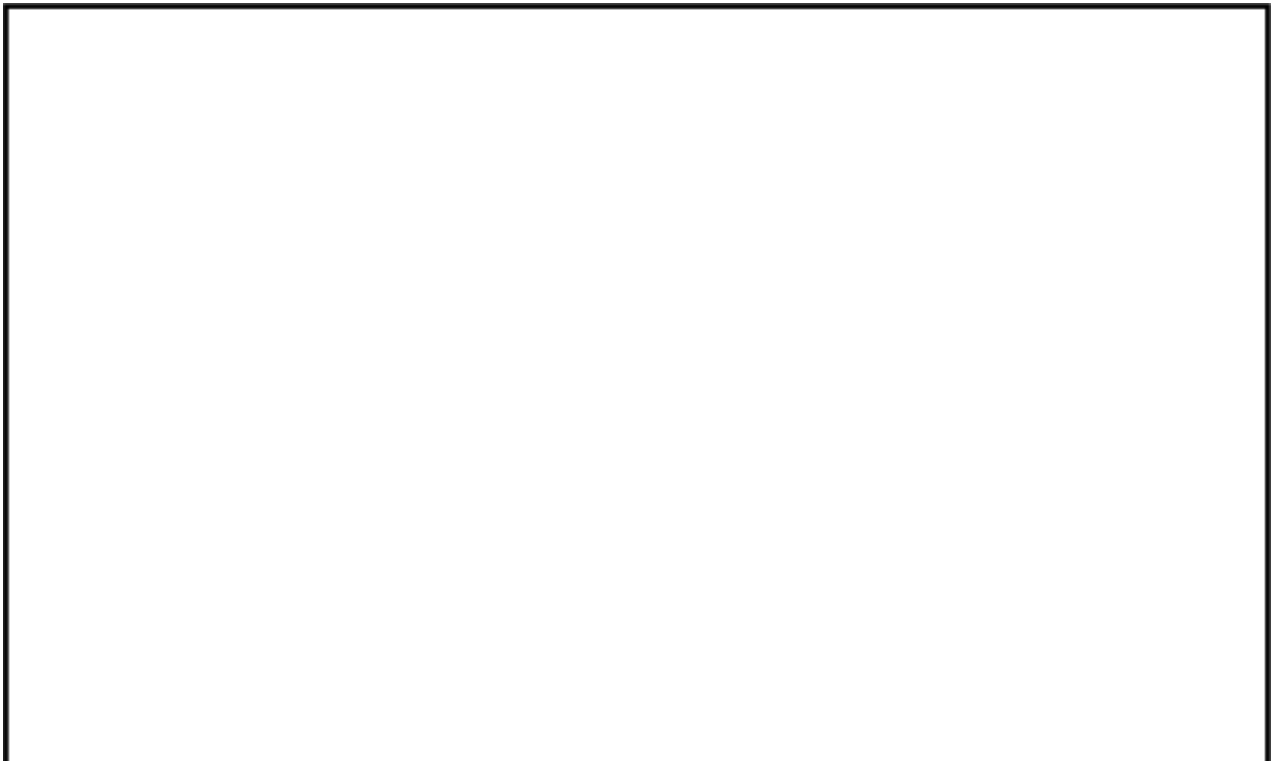
**Please summarize your grant request in a few sentences:**

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PART 2: STUDENT APPLICATION

**GRADES PK-3**

1. What do you think your classroom or school needs?
  
  
  
  
  
  
  
  
  
  
  
2. Why do you think your classroom or school needs this?
  
  
  
  
  
  
  
  
  
  
  
3. Draw a picture of what you think your classroom or school needs.





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PART 3 – TEACHER APPLICATION

**Teacher: Please type or print legibly on separate sheet(s) keeping responses brief and to the point.**

**Please note, points will be deducted for incomplete and/or unanswered questions.**

GRANT PROPOSAL

1. What goals do you hope to achieve with your grant?
2. Describe in detail your proposed project/program and how it will work.
3. How many students will be served by this project/program?
4. How will this grant lead to the improvement of academic skills in students?
5. How will you evaluate the effectiveness of your grant?

BUDGET

1. **Please attach an itemized budget for your proposal.**
2. Would you feel that partial funding of this grant could be a motivation to others for matching sources?
  - a. Yes
  - b. No
3. If yes, what minimal amount would you accept?

**Questions?** Please call Gale Croft at 251-943-5520.