

Carrollton Schools Alumni Foundation, Inc.

APPLICATION FOR CLASSROOM GRANTS

MAXIMUM OF \$500.00 PER GRANT

Teacher _____ Position/Grade Level _____ School Building _____

How Many Students Will Benefit From This Grant _____

Title of Project _____

Starting Date of Project _____ Amount Requested _____

If all of dollar amount is not available, would any amount help? Please explain _____

Summary of Project (Brief Description) _____

Objectives/Activities (Briefly state goals, dates and procedures) _____

Evaluation/Results (How will project performance be assessed?) _____

(Teacher's Signature)

(Principal's Signature – Approval)

GRANT DEADLINE – Last Friday of September

Please send to the Superintendent's Office.

Grant monies must be spent within the current school year.