

ABINGDON PUBLIC SCHOOLS FOUNDATION
GRANT APPLICATION

Name _____ Date _____

Class or Activity _____

Dollar Amount \$ _____ (Maximum of \$300)

Budget Breakdown: Provide an itemization of cost of the items or services requested and vendor name. _____

How do you intend to use the items purchased with this grant? _____

Briefly explain who will benefit _____

How many students will this impact? _____ Date funds needed by _____

Additional Comments _____

Principal Approval _____ Superintendent Verification _____

DEADLINE FOR APPLICATIONS: APRIL 1 FOR CURRENT YEAR

Please use back of form or attach additional information as you feel necessary.

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Foundation Use: Date Received _____

Approved _____ Denied _____ Signature: _____