



Foundation Use only: Grant Number _____
Total Request \$ _____
Total Awarded \$ _____
School _____

Zionsville Education Grant Application

Project Title: _____

Project Director(s): _____

Telephone Numbers: Day _____ Evening _____

Project Site(s) /School(s) _____

Principal(s) _____

Project Duration: Beginning date _____ Ending date _____

Target Group: Number of Students: _____ Number of Teachers _____

Multi-building considerations: _____

Any additional funding from other sources? \$ _____

Total cost of grant \$ _____ Total grant request \$ _____

Project Director's Signature _____

Building Principal's Comments _____

Building Principal's Signature _____ date _____

Superintendent's Signature _____ date _____