



East Brunswick Education Foundation

## PARTNERSHIP GRANT APPLICATION

*For grants not to exceed \$2500. Must have least one other funding source. May be submitted at any time once funding from another source has been acquired.*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Beg. Date: \_\_\_\_\_ End Date: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Other Funding Source (s): \_\_\_\_\_ Amount: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Number of Students: \_\_\_\_\_

*Have you received funding for this project from the EBEF before?* YES NO

### I. Description

Please attach a summary explaining the proposed project.

- A. Your goal
- B. How you plan to implement this project
- C. How this project will enhance the curriculum
- D. Any other information about your project

### II. Budget

Please attach a complete breakdown of expenditures.

### III. Signatures

A. Applicant(s) \_\_\_\_\_

B. Principal (*with comment*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Supervisor (*with comment*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Superintendent \_\_\_\_\_