



Grant Application

Appleseed Fund

Fall 2011

General information

Teacher Name: _____ Grade: _____

Teacher Telephone: _____ Teacher Email: _____

School District: _____ Employer Identification Number (EIN) (required): _____

School Address: _____

Grant purpose: *The purpose of the Appleseed Fund is to provide grants for educational opportunities not included in school budgets, such as computer software, leveled reading libraries, programs or equipment of significant cultural and/or educational value, or other classroom endeavors.*

Please describe what the grant would be used for (school supplies, field trip, equipment and materials)

Financial information:

Time period of your project: From _____ to _____ Date funds needed: _____

Total project cost \$ _____ Grant request amount \$ _____

Other funding sources _____

Total grant requests frequently exceed the amount of available funding. Are you willing to accept a grant less than your requested amount? Yes _____ No _____ If yes, is there a minimum grant amount acceptable for the project to proceed? \$ _____

I state that everything in this application is true to the best of my knowledge.

Date

Signature

Submit one copy of this application by October 15, 2011 to the Russell County Area Community Foundation, PO Box 172, 507 N. Main Street, Russell, KS 67665 or email RCACF@eaglecom.net. Telephone: 785-445-3611.