

Lawrence County Community Foundation

A partner in the Community Foundation Partnership, Inc.

Applicant Name: _____

School: _____ Grade/Subject: _____

School Address: _____

Phone # _____ E-mail: _____

PROJECT TITLE: _____

TOTAL AMOUNT REQUESTED: \$_____ (Receipts will be required)

1. Description/Objectives of Project (please also include what you will purchase with the grant money) :

2. Number of Students Served: _____

3. Estimated Time Frame for Project: Starting Date: _____ Ending Date: _____

4. Principals: Please check all boxes that apply.

- The proposed grant is in alignment with the school's mission, vision, beliefs and/or student learning objectives (see PL 221 document).
- The proposed grant is in alignment with the Indiana State Foundations.
- Other – please describe on back.

My signature represents that I have reviewed and approve the pursuit of this proposed grant.

Principal's Signature: _____ Date: _____

Application Deadline: November 1st

Submit applications to your GREAT Grants School Coordinator:
North Lawrence Community Schools - Wendy Ramsey, Fayetteville Elementary
Mitchell Community Schools – Carol Edwards, Mitchell High School