



GRANT APPLICATION

Date: _____

Total Amount Requested: \$ _____

Project Title: _____

Requestor/Organization: _____

SHS teacher/staff name for *student initiated* grant only: _____

DC/AD Approval: _____ Principal Approval: _____

**** (Arts and Academic grants need Principal signature only. Athletics needs BOTH AD and Principal's signatures.)**

1. What is the problem addressed by or the need for this project? How will it contribute to innovation or enrichment of the Scituate High School experience?

2. Describe your project and plan of action, including your specific goals.

3. Estimated # of students to benefit: _____
Estimated # of staff members involved: _____

4. Please list the evaluation criteria you will use to determine the success of this project.

5. Timeline of your project. When will it occur?

6. Itemize your budget request and provide evidence of how you have obtained (or will obtain) a fair price for your equipment/services. Please attach documentation.

<u>Item</u>	<u>price</u>	<u># of items</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Any other funding sources you will be utilizing?

Source: _____ Amount: \$ _____

****Please SCAN to scituateshore@gmail.com with all applicable signatures and documentation.**