For Office Use Only				
Approve/Deny		Date	Initial	
District				
GEF				
Amount Approved:		\$		



Grant/Project Activity:	Date:
Applicant's Name: School:	
School Faculty Sponsor's Name:	
Amount of Funds being requested with this proposal NOT TO EXCEED \$500.00	\$
DIRECTIONS FOR COMPLETING STUDENT GRANT APPLICATIONS Complete all information requested. (a) Attach a copy of any written information or brochures that you have concerning the activity. (b) Make sure that the activity supervisor/school faculty sponsor and your building principal sign individuals should also include any pertinent comments. (c) Indicate the type of follow-up information that the Greenfield Education Foundation (GEF) can completion of the project or activity. (d) A presentation (written, oral, or video) to the Greenfield Education Foundation Board is not seen that the complete in	expect from you after
NOTE: Grant requests must be received prior to May 1. Grant requests received be considered for approval for the upcoming school year. All funds must be spent the grant was requested/approved unless previously approved by the GEF Board. 1. Project Design:	
2. Number of student served:	
3. Potential impact on your learning:	
4. Value to the other students in the school district:	

6.	Timeline: (Schedule of events in this activity and your completion date.)
7.	Other Funding Sources for this activity:
8.	Total cost of activity: \$
9.	Identify follow-up/evaluation information for GEF (the final follow-up should include receipts for actual money spent):
10.	Activity Supervisor/School Faculty Sponsor's Comments (if any):
11.	Activity Supervisor/School Faculty Sponsor's Signature:
12.	Building Principal's Comments (if any):
13.	Building Principal's Signature:
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autl	he parent or legal guardian of the student who has applied for this student grant from the Greenfield Education Foundation, I norize the use of my child's photograph on the Greenfield Education Foundation web page or other communication which otifies the awarding of a student grant to your child.
Pare	ent Signature: