

SCEF EDUCATION GRANT APPLICATION
(Please print or type all information; add additional sheets if necessary.)

Name of Applicant: _____ Date: _____

This grant application is to be considered for (circle one): FALL WINTER 20_____.

Address of Applicant: _____

Email Address: _____

Phone Contact: _____ Grant Amount Requested: _____

Choose one:

___ School Affiliated: Building: _____

___ Community Organization: Name: _____

___ Student: Date of Birth: _____ School: _____ Grade: _____

* Please summarize your project/program in no more than three sentences, which can be used for publication:

NAME AND DESCRIPTION OF PROGRAM/PROJECT: (Attach a narrative and supporting documentation if available): _____

PROJECT OBJECTIVES AND ACTIVITIES: List specific objectives and activities, including who will benefit from the project: _____

DURATION OF PROGRAM:

Beginning Date: _____ Anticipated Completion Date: _____

FUNDING: Has this proposal been submitted to any other source for funding? Yes ___ No ___

If so, to whom? _____ When: _____ Status: _____

ITEMIZED BUDGET: Please attach separately. **Budget must accompany application.**

EXPLAIN HOW THE PROJECT/PROGRAM WILL BE DOCUMENTED:

EXPLAIN HOW THE PROJECT WILL BE EVALUATED AND BY WHOM:

Please include any ADDITIONAL COMMENTS AND/OR SUPPORTING INFORMATION that will help explain your project/program:

OTHER INFORMATION:

If appropriate, please include a copy of Internal Revenue Service exemption letter (South Country Schools exempt) or most recent copy of Form 990 (South Country Schools exempt).

ALL APPLICANTS:

At least one letter of recommendation in support of the application is required of all applicants. South Country School District proposals must be approved by the building principal. If you are applying on behalf of a community organization, the letter should be from an administrator/officer of the organization. If the applicant is of school age, the recommendation should be from a current teacher. Parent and close relative recommendations are not acceptable. This application, along with all recommendations must be submitted by the due date, without exception, to be considered by the Grants Committee. Furthermore, the application and the supporting documents become the property of the South Country Education Foundation, Inc. and

may be used for publicity and/or fund raising purposes. Should you be awarded a grant, you further agree to share the results of your program or project with the SCEF, Inc. within 60 days of its completion.

I certify that all of the above information is true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

The above-mentioned applicant, for whom I am responsible, has my permission to apply for and accept a grant from the South Country Education Foundation, Inc.

Signature of Parent or Guardian: _____
(If applicant in under 18 years of age)

NOTE TEACHERS/STAFF OF SOUTH COUNTRY SCHOOL DISTRICT: Please have this application reviewed and initialed by the Assistant Superintendent of Curriculum, Instruction and Technology at least two weeks before the due date.

INITIAL HERE _____

MAIL COMPLETED APPLICATION (IN TRIPLICATE) TO:

South Country Education Foundation Inc.
Attn: Grants Committee
P.O. Box 512
Bellport, New York 11713