

Cliff Williams Memorial Foundation

www.cliffwilliams.org to donate.

P. O. Box 2990 Jena, LA 71342

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APPLICATION FOR FUNDING

Due Date: 4/15/current year

Return to Cliff Williams Memorial Foundation

Check one: Individual Teacher Grant Grade-Level or School-Wide Grant

School or Organization Requesting Funding: _____

Mailing Address: _____

Request Made By: _____

Email Address: _____ Cell Phone: _____

Grade Level(s): _____ Subject Area(s): _____

Student Description and Number to be served: _____

Proposal: *(What do you need?)*

Proposal Design: *(Describe HOW your request will be used and WHO will use it.)*

Goals and Objectives of the Program: *(How is your request innovative and/or creative? How will this project benefit students academically?)*

Evaluation: *(What specific method(s) will you use to measure the effectiveness of your request regarding student achievement? State assessment plan.)*

Name _____ School _____

Complete the first two columns. Items to be purchased should be justified within the design of your project. Projects cannot displace or replace programs funded through the LaSalle Parish School Board or the State General Fund (MFP). All items purchased are for the use of teachers in assigned LaSalle Parish schools. Should a teacher leave the school, grant purchases must remain in the school. Funds shall be used to purchase items which are directly related to instruction and students. Items which are administrative in nature are not allowable under these grants.

ITEM DESCRIPTION	PROJECTED COST	
Totals		
Budget Request (rounded to nearest dollar)		

Please list other revenue sources or donated items or funding: