



HIGHLAND PARK EDUCATIONAL FOUNDATION GRANT APPLICATION

Project Title:

Date:

School:

Applicant's Name(s):

Applicant's Position:

Contact Information

E-Mail:

School Phone:

Home Phone:

Small Grant (under \$1,500)

Collaborative grant (Greater than \$1,500 and serving more than one classroom)

Budget Request:

Beginning Date:

End Date:

Applicant's Signature:

Signature of School Principal:

Signature of Superintendent:



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Applicants are encouraged to consult their school's principal or colleagues prior to final submission of the grant.

One Paragraph Summary Description:

Briefly state the project goals and plan

What are the objectives of the project?

What will the students learn?

Approximately how many will participate and in what ways?

