



FUNDING REQUEST APPLICATION

Date_____

Name:

Email:

Project/Item Title:

Grade_____

Number of students impacted:_____

Project/Item Purpose (please feel free to attach additional page):

Describe activities:

Describe impact on curriculum:

How will you evaluate the effectiveness of this project?

Project Participants (*teachers, students, outside support*)

FOR BOARD USE

APPROVED/NOT APPROVED:

Discussed: Date_____

Notes:_____

Voted on: Date_____

Paid/Funded: Date_____

Check No. _____

Itemized Costs:

Item	Quantity	Price per item	Total Price	Vendor
TOTAL				

Are the software or hardware items being purchased compatible with the school's current computer system?

Would you be willing to take photographs for use in LCEF publications and publicity? (We will consult the school's photo permissions for all images.)

Applicant Signature

Date

Principal Signature

Date

Please check the LCEF opportunities you have participated in:

- ☐ **Past Grant or Wish List recipient**
- ☐ **Scenic Winter Road Race**