



CRESTVIEW EDUCATIONAL FOUNDATION TEACHER GRANT APPLICATION

Date: _____

Name: _____ Number of participants: _____

School: _____

Project title: _____

Amount Requested: (*max \$300*) \$ _____

Purpose: _____

Project Description/Activities and Procedures/Proposed Timeline:

Signature of Administrator

Signature of Applicant*

Submit to Building Principal **by October 1**

Grants awarded **by November 15**

***By signing this document, Applicant acknowledges that any grant money received shall be used for the above purposes only.**