



BLUES EDUCATIONAL FOUNDATION

Grant requests must be submitted to Dr. Francis by September 27th

Grant Application

Applicant Information

Full Name: _____ Date Submitted: _____

Last

First

M.I.

Phone: _____ Email: _____

Amount Requested: _____ School: _____ Date Received: _____

Name of Project: _____

Explain how the funds
will be used to support
this program.

How many students will benefit from this project? _____

Does this project support the curriculum? YES NO If yes, how? _____

How will the success of this project be measured?

Are these consumables? YES NO List consumables with cost _____

Matching funds? If yes, explain _____

Additional comments: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

*If this application leads to funds being awarded, you will be required to spend the funds within the school year.
You may be requested to submit a progress report at the end of the year with measurable results.*

Signature: _____ Date: _____