



Carlynton Education Foundation
Staff Enrichment Grant Application

Date: _____

Applicant's Name: _____ Email: _____

Position: _____ School: _____ School Phone: _____

Grade Level (s): _____ # Students Who Will Benefit _____

Budget Amount Requested: \$ _____ (max \$500) Date Funds Required: ____/____/____

Project Overview: Please tell us about your request

What is the expected Educational Benefit?

Detailed Budget Explanation:

By receiving the grant I understand that the Carlynton Education Foundation may share this proposal, and the results of this project, with other educators and the community.

Applicant Signature: _____ Date: ____/____/____

Principal Signature: _____ Date: ____/____/____

Send completed application with appropriate signatures to lisa.rowley@carlynton.k12.pa.us or mail completed forms to Carlynton Education Foundation, c/o Lisa Rowley, 435 Kings Highway, Carnegie, PA 15106