

Buckeye Education Foundation

Innovation Grant Request

Applicant's name: _____

School name: _____ Position: _____

Date: _____ Email: _____

School telephone: _____ Ext. _____

Project title: _____

Total projected budget: _____ Grant amount requested: _____

Other funding for project? Yes/No Amt. _____ Source _____

Grade level(s) _____ # of Students _____ # of Teachers _____ # of Classes _____

Special needs group being served (if applicable): _____

Expected project start date: _____

What resources will be required? Please itemize the expenses (attachments accepted).

I have read this request: _____

Signature of building principal or supervisor

***The Buckeye Education Foundation requires grant completion within six school months after notification of acceptance.

