

## Grant Application Form

### Applicant Information

Date: \_\_\_\_\_ Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_  
Affiliation with District: \_\_\_\_\_

### Grant Information

*Please note:* Grant requests up to \$3,000.00 will be considered. Refer to [www.gceducationfoundation.org](http://www.gceducationfoundation.org) for complete application guidelines and decision criteria. Any requests for technology based items must be prepared with the guidance from the District IT Department.

Dollar Amount Requested:         \$ \_\_\_\_\_

**In the boxes below, please summarize in narrative form and attach additional information/documentation to support your application.**

**School/Grade/Class/Department this grant will serve:**

**How grant funds will be used:**

**Attempt(s) made to get funding for this proposal from your department or building budget:**

**Are these funds needed by a certain date? If so, provide the date:** \_\_\_\_\_

### Acknowledgement

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_  
District Administration \_\_\_\_\_ Date: \_\_\_\_\_

**Send this form and all attachments and supporting information to:**

**Gates Chili Central Schools, Attn: Education Foundation, 3 Spartan Way, Rochester, NY 14624**