

Carlynton Education Foundation

Date:

Teacher Enrichment Grant Application

Applicant's Name:		Email:			
Position:	School:	School I	Phone:		
Grade Level (s):	# Students Who Will Benefit				
Budget Amount Requested: \$	(max \$500)	Date Funds Required	d:/_		
Project Overview: Please tell	us about your req	uest			
What is the expected Education	anal Banafit?				
What is the expected Education	onal Benefit?				
Detailed Budget Explanation:					
By receiving the grant I understar and the results of this project, wit			ion may sha	re this prop	osa
Applicant Signature:					
Principal Signature:		Date:	/	/	

Send completed applications 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