

Carlynton Education Foundation

Staff Enrichment Grant Application

	Date:			
Applicant's Name:	Email:			
Position:	_ School:	School Ph	none:	
Grade Level (s):	# Students Who Will Benefit			
Budget Amount Requested: \$	(max \$500)	Date Funds Required:		
Project Overview: Please tell u	ıs about your req	uest		
What is the expected Educatio	nal Benefit?			
Detailed Budget Explanation:				
By receiving the grant I understan and the results of this project, with			n may share	e this proposa
Applicant Signature:		Date:	/	/
Principal Signature:		Date:	/	

Send completed application with appropriate signatures to carlyntonfoundation@gmail.com or mail completed form to Carlynton Education Foundation, c/o Lisa Rowley,192 Becks Run Road Coraopolis, PA 15108