



# MCS FOUNDATION

P.O. Box 1035, Medina, Ohio 44258

## GRANT APPLICATION

Application Date \_\_\_\_\_

Applicant \_\_\_\_\_

Grant No. \_\_\_\_\_

Work Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Name of Project \_\_\_\_\_

Building \_\_\_\_\_

Other Staff Members Involved \_\_\_\_\_

Number of Students to be Served \_\_\_\_\_

Grade Level and/or Subject \_\_\_\_\_

Required Funds \_\_\_\_\_

Proposed beginning date \_\_\_\_\_

Proposed Completion Date \_\_\_\_\_

Are You Seeking Other Funding? Where? \_\_\_\_\_

**Purpose of project / How does this project fit into Medina City Schools' curriculum and Strategic Plan?**

**Implementation procedures / Please describe the project**

**Materials Needed / Be specific**

**Evaluation Procedures / How will you determine if the project is successful?**

**How will you publicize the Foundation's sponsorship of this grant?**

**How does your request fit the MCS Foundation Grants Guidelines?**

- Advancing the curriculum goals of the Medina City Schools
- Creating new ideas and concepts rather than recurring programs
- Providing resources not available from the district's general fund
- Benefiting as many students as possible
- Supporting projects or providing materials when support is not available from parent support groups

**WHEN COMPLETED, PLEASE OBTAIN SIGNATURES BELOW & RETURN TO: KRIS QUALLICH, ASSISTANT SUPERINTENDENT**

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Principal: \_\_\_\_\_

Director of Instruction: \_\_\_\_\_

Assistant Superintendent: \_\_\_\_\_