

Classroom Grant Application

Partners for Youth

1. Grantee information

School name

Principal's first name

Last

Mailing address

City

State

Zip

Telephone phone

Fax

Email address

2. Project Name & Project Director

Name of project for which funding is requested

Project director's First Name

Last Name

Mailing address

City

State

Zip

Telephone phone

Fax

E-mail address

Have you received a Partners for Youth Classroom Grant in the past? Yes No

3. Project budget information

Amount Requested\$ _____

(\$500 Maximum for Individual Teacher projects and \$2500 Maximum for Grade Level, Multiple Teacher, or School Wide Collaborations)

Is this a STEM-focused grant request? Yes No

Is this a single classroom grant request? Yes No

Is this a grade level, multiple teacher, or school wide collaboration? Yes No



4. Required Signatures

_____	_____
Project Director	Date
_____	_____
Principal	Date

5. Project description– Provide a one-page description of the proposed project and why it is important to you, your school or classroom. Discuss how the school or students will benefit from the project and when it will be implemented.



6. Project Budget– Provide a detailed budget including each item to be purchased with Mini-Grant funds.

LINE ITEM	COST
TOTAL	

Note: *The deadline for applications will be February 7, 2020 by 4:00 pm. Please note, the application must be received in the PFY office by this deadline. All applicants will receive a “confirmation of receipt” email – if you do not get this prior to the deadline, please contact the PFY office asap. Also, per school district policy materials purchased with grant awards are property of your respective school.*

Return completed application to Lancaster County Partners for Youth, PO Box 1023, Lancaster SC 29721 • or via email (with scanned signatures) at sharon@lcpartnersforyouth.org.

