

GRANT APPLICATION

Please respond to the following questions. Use the reverse or additional pages as needed. Submit the form and responses to the address at the bottom of this application. Grant deadlines are May 31 and November 30 each year for the following semester.

Name:	Email:
Phone:	Alternate phone:
School/Organization:	Position/Title:
Project title:	
Primary project objective:	
Grade levels and number of students to benefit:	
How will grant funds be used to support the project objectives?	
Schedule for project (start and end dates):	
How will you measure success of the project?	
Amount of funding needed for implementation: Provided by TCSD Foundation: Detailed Budget (attach page if necessary):	Provided by Other Sources:
If your project is not fully or partially funded by TC completing the project, and, if so, how?	CSD Foundation, do you anticipate
Applicant Signature:	Date:
Principal/Organization Director Signature:	Date:

Applications accepted from Trumansburg Central School District and local 501(c)3 organizations.

Mail or email completed form and any supporting documents to:

Sarah Koski / 12 McLallen St. / Trumansburg, NY 14886 / sarahmariekoski@yahoo.com