

Cook County School District 166 Education Foundation
Grant Application Form

Name of Project: _____

Have you received funds from this organization before for a similar project? Yes / No

Date submitted: _____ Date project starts: _____

Requestor: _____ Date project ends: _____

School: _____ Phone Number: _____

Teacher Signature: _____

Principal Signature: _____

Itemized list of project cost estimates: _____

Total cost of the project: _____

Funds received or requested from other organizations and/or fundraising efforts:

Organization/Fundraising Effort Amount

_____ / _____

_____ / _____

List any other school or community organizations involved in the project:

Number of anticipated volunteers: _____ Estimated volunteer hours: _____

Number of students participating: _____ Grades benefiting: _____

Total amount requested from CCSDEF: _____

Project Description should be attached to this application form when it is submitted.

Distribution of Funds Committee Recommendation:

___ Approve ___ Do not Approve ___ Need more information

CCSDEF board action: ___ Approve ___ Deny Date _____