RIFLE COMMUNITY FOUNDATION
APPLICATION FOR SCHOOL RELATED GRANT

SCHOOL: _____________________________________________________________________

CONTACT PERSON: ___________________________________________________________

ACTIVITY/ PROGRAM DESIGNATION: ___________________________________________

DATE(S) OF ACTIVITY: _________________________________________________________

BRIEF DESCRIPTION OF ACTIVITY: _____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

ESTIMATE OF STUDENT PARTICIPANTS: __________________________________________

ESTIMATE OF COST OF ACTIVITY: $ _____________ (Attach itemized program budget)

FU NDS HAVE BEEN REQUESTED FROM:                      GRANTED:

☐ ☐ Garfield School District No. Re-2 $_____________________

☐ ☐ Parent - Teacher Organization $_____________________

☐ ☐ Bears Booster Club $_____________________

☐ ☐ Garfield School District No. Re-2 Foundation $_____________________

☐ ☐ Other: ________________________________ $_____________________

☐ ☐ Other: _________________________________ $_____________________

Participating students/parents are contributing to pay the cost of this activity/program by:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

AMOUNT OF FUNDING REQUESTED FROM RIFLE COMMUNITY FOUNDATION $_____________________

THIS REQUEST APPROVED BY: _________________________________________________
School Principal Date

THIS REQUEST APPROVED BY: _________________________________________________
Superintendent/Assistant Superintendent Date