

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)

FUNDS HAVE BEEN REQUESTED FROM:	GRANTED:
<input type="checkbox"/> Garfield School District No. Re-2	\$ _____ <input type="checkbox"/>
<input type="checkbox"/> Parent - Teacher Organization	\$ _____ <input type="checkbox"/>
<input type="checkbox"/> Bears Booster Club	\$ _____ <input type="checkbox"/>
<input type="checkbox"/> Garfield School District No. Re-2 Foundation	\$ _____ <input type="checkbox"/>
<input type="checkbox"/> Other : _____	\$ _____ <input type="checkbox"/>
<input type="checkbox"/> Other: _____	\$ _____ <input type="checkbox"/>

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