

S.A.E.F. Grant Application Form

Applicant Name:		Address:	
Email:		Telephone:	
School Position:	(circle one) Student Teacher Staff		
Project Title:			
Begin Date:		Dollar Request:	
End Date:		Number of Students to Benefit:	

Applicant's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

PROJECT GOAL: (Describe why you want to do this project and how many students will benefit from it.)

PROJECT DESCRIPTION: (What will you do? How will you do it?)

PROJECT IMPACT: (Will there be a lasting impact of the project beyond the end date (estimate the number of years)? Do you have plans to carry on the work beyond the grant period? Can the project be applied throughout the school district?) Will there be any ongoing costs associated with this project after the initial funding period?

MEASURABLE OUTCOMES: (How will you determine if the project is a success? What specific measurement(s) will you use?)

PROJECT ORIGIN (Has this project been done somewhere else?)

ARE THERE OTHER FUNDING SOURCES? (Have you received funding for this project from other sources? If so, what was the result?)

HOW DO YOU PLAN TO UTILIZE THE FUNDS? (Itemize the budget for the project.

Example: 10 cell culture kits at \$25 each = \$250
1 package of pipets at \$100 = \$100
Total = \$350

If accepted, are you willing to attend a SAEF meeting and give a 10-minute presentation on the completed project?

Yes_____ No_____

Send completed application to:

SA Education Foundation
c/o Foundation President
1800 Mount Royal Blvd.
Glenshaw, PA 15116

Foundation Use Only:

Date received:_____

Date circulated to SAEF Trustees:_____

Date of Review:_____