

**FOUNDATION GRANT APPLICATION FORM
ATLANTIC COMMUNITY SCHOOL**

_____ Foundation Funds Request

_____ Anonymous Donor Funds Request

Applicant's Name _____

Name of Program/Group _____ (example: Show Choir)

Explanation of the Event/Activity:

Number of Students Involved: _____

Program's benefit to the Atlantic Community Schools:

Total Cost of Program/Event \$ _____

Amount Requested \$ _____

Administrator Approval: _____

NOTE: This form must be approved by your Administrator and submitted to the Superintendent of Schools prior to the meeting date of a regularly scheduled Foundation Meeting:

****** All requests must be turned in 2 weeks prior to the next meeting. ******

*August 11, 2011
November 10, 2011
February 9, 2012
May 10, 2012*