

Foundation Use Only: Grant Number _____
Total Request \$ _____
Total Awarded \$ _____
School _____

**Wallingford Education Foundation Grant Application
2018-2019**

Cover Page

Project Title: _____

Project Director(s): _____

Telephone Numbers: Day _____ **Evening** _____

Project Site(s)/School(s): _____

Principal: _____

Project Duration: Beginning Date: _____ **Ending Date:** _____

Target Group: Number of Students: _____ **Number of Teachers:** _____

Multi-building considerations: _____

Any additional Funding from other sources? \$ _____

Total cost of grant \$ _____ **Total grant request \$** _____

Project Director's Signature _____ **Date:** _____

School Principal's Comments _____

School Principal's Signature _____ **Date:** _____

Superintendent's Signature _____ **Date:** _____