ARTS IN EDUCATION GRANT APPLICATION

Date: _____

Name:_____ Position:_____

Phone: _____ E-Mail _____

School: _____ Grade level(s): _____

School Mailing Address: _____

Title of Project: _____

Brief project description (Include the impact that you think this project will have on the students, the need for the grant funds, and the scope of the project.) Attach one additional typed page, if needed. Your proposal will be judged on innovation, need, and impact on students, and the scope of the project:

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Amount Requested (Up to $200.00 for Classroom Grant, Up to $500.00 for General Grant): _____

Beginning and ending dates of project _____ No. of students to be affected: _____
On a separate sheet submit an itemized budget telling how you plan to spend the grant money.

Submitted By: _____ _____
(Name in Print) (Signature)
Administrator's Approval: _____ _____
(Name in Print) (Signature)

Mail Application to: Ellen Boles, SAAC Education Chairperson, Suite 18, 101 S. Lafayette Street, Starkville, MS 39759 **Postmark by October 12, 2011.**