



Parkrose Educational Foundation GRANT APPLICATION

The Parkrose Educational Foundation is an effective and impartial vehicle for the distribution of tax deductible donations to enhance the educational experience of students in Parkrose Public Schools.

Please type or print.

Applicant's Name: _____ Date: _____

Telephone Number: _____ Email Address: _____

Project Title: _____

Project Site: _____

Project Description:

Number of students served in this project

____ Elementary ____ Intermediate ____ Middle School ____ High School

Funds Requested: \$ _____

Have you asked your Parent Group to fund this request? Yes ____ No ____

Has this request been discussed with your building's Principal? Yes ____ No ____

How does this request relate to your School's Improvement Plan?

Please describe your project including: beginning and ending dates, how the funds will be used, how the project will benefit students according to the fund's mission, and any other information you wish to provide. *Please attach a separate piece of paper to this application.*

If this is a technology request please answer the following questions:

Has this request been reviewed by your building's Technology Committee?

Yes ___ No ___

Does this request meet your building's Technology Plan? Yes ___ No ___

I agree to use the funds as indicated in this application and to submit a final report to the Parkrose Educational Foundation on the results of this project. I further agree that the application material and/or grant report may be used by the Foundation's Board to assist other applicants, make reports to donors or be used to encourage future donations.

Print Your Name

Signature

Mail To:

Parkrose Educational Foundation – 10636 NE Prescott – Portland OR 97220

OR

Send Via Pony Express to the District Office Attn: Parkrose Educational Foundation