



HEF Grant Application

Applications accepted June 15 to April 1.

One application per project. Maximum \$400.00. If over \$400.00 apply for Donors Choose. Do not apply if this project is on Donors Choose.

Once the grant has been approved receipts must be submitted within 60 days.

Date:	
School Name:	
Name/Title(s) of Applicant:	
Contact:	
Email:	Phone:
FUNDING REQUESTED FROM OTHER SOURCES	
SSC	PTA
Other	
Project	
Title: _____ Duration Start/End (estimate): _____	
Project Description -- Describe the project in detail, benefits for students, alignment with school site plan strategies, etc.:	

Benefit for students:	

How many students will benefit from this material/project? _____	
How will this project address educational equity?	

Alignment with School Site Plan (if applicable):

Other: _____

(Attach additional pages if necessary)

Budget

How you will spend the Grant money: _____

Other sources of funds to supplement the project, if available): _____

Cost estimates for project materials and other items: _____

Amount requested: _____ (\$400.00 maximum)

Project Approved by the School Principal: Yes No

Signature (or submitted by):

