



P.O. Box 286  
Garrett, IN 46738

### 2018-2019 APPLICATION

*Please submit your completed application and budget to GKB Education Foundation Secretary, Tonya Weaver, [tweaver@gkb.k12.in.us](mailto:tweaver@gkb.k12.in.us). Applications will be reviewed quarterly. Submittal deadlines are January 15<sup>th</sup>, April 15<sup>th</sup>, July 15<sup>th</sup> and October 15<sup>th</sup>. Handwritten applications will not be accepted.*

**Name of Applicant(s):** \_\_\_\_\_  
\_\_\_\_\_

**Grade Level:** \_\_\_\_\_

**School:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Project Title: \_\_\_\_\_

Instructional Discipline(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Target Grades or Classes: \_\_\_\_\_

Approximate number of students who will benefit: \_\_\_\_\_ Project Period: From: \_\_\_\_\_ To: \_\_\_\_\_

The Foundation will highlight specific grant projects on its web page and you may be asked to discuss your project or submit details and photos.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Teacher/Project Coordinator      Signature of School Principal

X \_\_\_\_\_  
Signature of Department/Level Chair



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## APPLICATION QUESTIONS

(Please limit responses to no more than two, **typed** pages)

1. Overview of the proposed project and how it will enhance teaching and learning for students:

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2. Outline the goals of your proposed project: \_\_\_\_\_

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3. Explain project methods, techniques, activities and other related information, including how they will help reach your goals: \_\_\_\_\_

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4. Describe other staff, individuals, community partnerships, student mentors, etc. involved in the project (if applicable): \_\_\_\_\_

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**PROJECT BUDGET  
(OR attach spreadsheet)**

**Materials** (itemized)

Sub-total \_\_\_\_\_

**Miscellaneous** (itemized)

Sub-total \_\_\_\_\_

**Contractual** (itemized)

Sub-total \_\_\_\_\_

**Grant Dollars Requested** \_\_\_\_\_

**TOTAL** \_\_\_\_\_