

Xenia Community Schools Foundation Grant Application

Applicant _____ Position _____

School _____

Date _____

Project Title: _____

Target Group: _____

Number of Students to be served: _____

Statement of Need:

Project Description:

Objectives:

Timeline:

Evaluation Plan: (How will you determine whether your objectives have been achieved and whether your project has been successful?)

Itemized Costs:

Total Cost _____

Applicant's Signature _____

Date _____

Building Principal's Signature _____

Curriculum Supervisor's Signature _____

Grants Committee

Decision of Review Committee Approved _____ Not Approved _____

Explanation:

Adjustments:

Chairperson _____

Date _____

Form Updated: December 2013