

**TEACHER/SCHOOL GRANT APPLICATION**

**2019-2020** **GRANT APPLICATION:**

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| Applicant Name: | | | |
| Title: | | | |
| School/Group/Organization: | | | |
| Home Street Address: | | | |
| City: | State: | | Zip: |
| Home Phone: | | Cell Phone: | |
| E-mail: | | | |

Please indicate which school(s) will have direct benefit from the proposed project:

\_\_\_ Harmony Elementary School \_\_\_ Pickens Jr. High School

\_\_\_ Hill City Elementary School \_\_\_ Pickens High School

\_\_\_ Tate Elementary School

\_\_\_ Jasper Middle School

**PROJECT INFORMATION**

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| Project Title: |
| Purpose and Description of Project: |
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| How will the funds requested be used? | |
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| What is the long-term or lasting impact(s) on students or teachers from this project? | |
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| How will the project directly benefit the children of our Pickens County Schools? | |
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| Project Start Date: | Project end date: |
| Number of students affected: | Grade level(s): |
| Total amount required for project:  $ | Total amount raised from other sources:  $ |
| If your request is only partially funded, will you be able to complete the project? **Y N** | |
| Have you received a grant from the Foundation in the past? **Y N** | |
| If so, did you complete and return an End of Project Report? **Y N** | |
| How will the success of the project be measured and monitored? | |
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You may attach a page immediately following this one to answer any questions for which you needed more room.

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| **Itemized Budget** | |
| Item | Amount |
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| Total Funds Requested: $ \* Or attach an itemized list of materials needed. | |

**Application Deadline September 6, 2019**

**Applications must be received in the Foundation P.O. Box or postmarked on or before the deadline date.** You may include 1 extra page of supporting documentation. Be sure your name is on the top of each additional page. This must be typed (double spaced, using no smaller than a 12 point font, with one inch margins) or photocopied materials. All grant recipients are required to turn in documentation on expenses incurred and complete an End of Project Report. **Incomplete applications will not be considered.**

**The information submitted is accurate to the best of my knowledge.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Date**

**\*Principals: Please include a detailed statement of your support that indicates your familiarity with and support for this request (You may attach an additional page if you require more space).**

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| **Signature of Principal Date** |

**Applications should be mailed to:**

**Bent Tree Foundation, Inc.**

**744 Noah Drive, Suite 113-#184**

**Jasper, GA 30143**

**Visit us on the web at: benttreefoundation.org**

**Contact us: info@benttreefoundation.org**

**END OF PROJECT REPORT**

**(Due May 22, 2020)**

BENT TREE FOUNDATION

GRANT PROGRAM

To be completed by grant recipient following completion of the project funded by the Bent Tree Foundation. Failure to return this report may affect future grant requests. **Please attach additional pages if necessary and include photos if available.**

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| --- | --- |
|  | **Name:** |
|  | **School:** |
|  | **Project Title:** |
|  | **Number of individuals affected by this project:** |
|  | **Project Start Date: Project End Date:** |

**How did the project directly benefit the students of your school or those of the Pickens County School Cluster?**

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**What was the outcome of this project?**

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**Did you achieve your goal(s)? How was the success of the project monitored and measured?**

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**Additional Comments:**

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**Please return this form by May 22, 2020 Bent Tree Foundation Scholarship/Grant Committee, 744 Noah Drive, Suite 113 - #184, Jasper, GA 30143**