



HASTINGS-ON-HUDSON

Grant # _____

____ Mini-Grant ____ Special Projects Grant ____ \$1,000 Renaissance Grant

Name of Applicant(s): _____

Position(s): _____ **Contact phone no.** _____ **email** _____

Title of Grant: _____ **Amount Requested:** _____

1. Describe the Project. Please include how it will be carried out, anticipated outcomes, the impact on student learning (attach additional information if necessary)..

2. Approximate number of students who will benefit: _____

3. Please provide itemized costs for the project.

4. Has this project been funded in the past? _____
If yes, by which organization (PTSA, Education Foundation, etc.): _____

5. Have you applied to another organization for funding this year? _____
If yes, please specify name: _____

6. Principal's approval _____

Mail to Wendy Naidich, 80 Circle Drive, Hastings-on-Hudson, NY 10706;
or e-mail to elwen@optonline.net