



Golden Apple Foundation Classroom Projects Program

Application Form

Golden Apple Foundation
5050 East State St.
Rockford, IL 61108-2393

APPLICATION# _____ (internal use only)

Your Name: _____

Home Address: _____

Home Phone: _____ Home E-
mail: _____

School Name: _____

School Address: _____

School Phone: _____ School E-Mail: _____

Position/Grade Level: _____

Signature: _____

Your Principal's Signature: _____

Date: _____

Deadline for Submission: 5 p.m. Monday, Nov. 5, 2018

Return application to the Golden Apple Foundation office at Rockford University-Scarborough Hall room 9, 5050 E. State St., Rockford, IL 61108-2393, fax (815) 394-5014, or email application as a PDF attachment to info@goldenappleofrockford.com. If you send a fax, please call to confirm receipt at (815) 226-4180.

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Briefly Summarize How You Would Use the Funds: (This will be used to describe your project to the public.)

Number of Students in the Proposed Program/Project:

Please use the Classroom Project Grant criteria to help you respond to the following sections.

A. Need for Project: (10 points)

B. Project Goals and Objectives (10 points)

C. Project Design (50 points)

D. Project Timeline (10 points)

E. Project Evaluation (10 points)

F. Project Budget (10 points)

Itemized Expenditures	Estimated Cost
Materials	\$
Transportation	\$
Fees (including rentals)	\$
Miscellaneous (itemize)	\$
Total Estimated Budget (must not exceed \$1500)	\$

What other funding sources are you seeking to make this program possible if funding is not provided or provided only in part by Golden Apple Foundation?