



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: _____

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Position/Grade Level:

APPLICATION # _____ (internal use only)



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Your Signature:

Your Principal's Signature:

Date:

Deadline for Submission is 5:00 p.m., January 12, 2009

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 evaluative 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)

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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?