

WAKEFIELD EDUCATIONAL FOUNDATION

Box 1752

Wakefield, MA 01880

www.wakefieldeducationalfoundation.org

GRANT APPLICATION - 2011

Submission Date: _____

Applicant Name: _____

(Additional applicants please sign on last page)

School: _____ Grade(s) _____

Address of Applicant: _____

E-mail address: _____

Description of Requested Grant:

_____.

Parent/Community Impacted: _____.

Students Impacted: _____ # Teachers Impacted: _____

Objective of Proposal:

_____.

Approximate Date Funds needed: _____

Tasks/Activities Planned: _____

_____.

If proposal is adopted by WEF, what would be the major results: _____

_____.

Technology pre-requisite: If this grant application involves the use of technology, hardware or software or web sites that are new to the School Department's IT infrastructure, pre-approval must be granted by the Curriculum Director (Superintendent's Office) in order for us to consider this grant request. Please enclose a copy of pre-approval.



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Name of Applicant(s): (please provide the following for each stakeholder)

Name	Address	Title	Discipline	Grade

WEF - Grant Budget Form

<i>Personal Services (payments to School Dept. employees)</i>	
Professional(s)	\$
Substitute Teacher(s)	\$
Custodial	\$
Sub-Total Personal Services	\$
<i>Contractual Services (payments to outside personnel)</i>	
Professional Services	\$
Meetings/Seminars	
. Travel	\$
. Registration	\$
Printing	\$
Other Contractual	\$
Sub-Total Contractual Services	\$
<i>Materials & Supplies (payment for supplies & related items)</i>	
Supplies	\$
Textbooks	\$
Publications	\$
Shipping, Postage	\$
Sub-Total Materials & Supplies	\$
Total Cost of Proposal	\$
Support from Other Sources	\$
<i>WEF Grant Request</i>	\$
Dated:	
<i>Please provide any supporting documentation, lists of books, product descriptive materials, website names etc. that might help us in evaluating your application.</i>	

Page 3 ... Application Form

If more than one classroom/department is involved, please have each stakeholder sign this application:

Signature: _____ **Date:** _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____