



The Rachel Branagan Educational Foundation
www.rachelsroom.org

Grant Application

Contact Information

Person(s) implementing the program

Name/Title:

Phone:

E-mail Address:

Contact Person/Title (if different from above)

Name/Title:

Phone:

E-mail Address:

School Information

Principal:

School Name

Address

Phone:

School Federal Tax Identification Number:

Date of Request:

Amount or Type of Request (not to exceed \$1,000)

Number of Children Served by this Grant:

Age(s) & Grade(s) of Children Served:

RBEF Grant Application, page 2

Share a brief history of the classroom to receive this grant.

Describe how this grant will help you achieve a goal you might otherwise not attain.

Describe how you will know you have been a success?

How did you learn of Rachel Branagan Educational Foundation Grant?

By signing this grant questionnaire and submitting it for consideration, the parties requesting this grant, and the parties receiving the grant (if approved) agree to provide the Foundation with consent to use this information and hereby provide the Foundation with a release to display, disseminate, publicize and, in any way, use all information surrounding the grant recipients, what the grant was used for, and the results of using the grant money.

Signature of applicant: _____

Date: _____

Signature of School Principal: _____

Date: _____