

GRANT APPLICATION

Teacher's Name _____

Teacher's Phone #: _____ Email _____

School Building _____ Name of Principal _____

Name of Project/Program _____

Date of Implementation of Project/Program _____

Amount Requested _____ (Not to exceed \$1,000.00)

Date _____

Signature of Applicant

Signature of Building Principal

Signature of Superintendent

Please attach a letter to this application describing how the grant money will be used and a copy of an invoice or quote if applicable. Briefly describe what you hope to accomplish by adding the program, supplies, and/or field trip to your everyday curriculum.

Apple Grants are to assist the Troy City School District, St. Patrick School and Troy Christian School benefiting grades K-12th. Visit www.thetroyfoundation.org for deadline information.

Please submit your application and letter to:



Apple Grants
The Troy Foundation
216 West Franklin Street
Troy, OH 45373

937-339-8935

www.thetroyfoundation.org