



TIPPECANOE EDUCATIONAL
E n d o w m e n t

(TEE use only) # _____

Grant Application

Proposal must be submitted on this form to be considered. Application information will not be returned.

Name: _____ Date Submitted: _____

Email: _____ Building(s): _____

Title of Project: _____ Amount of Request: _____

Brief Description of Project:

Budget Details: Please include the following supporting documentation: Vendor contract information/Preliminary invoice/price quotes/Item number/s. Receipts must be kept and turned in with Evaluation Report.

Item:

Cost:

Total Cost: _____

Have you applied for other sources of funding for this project? Yes _____ No _____

Number of Grades/Students involved: _____ Number of Teachers involved: _____

Final report and evaluation of this project will be completed within 9 months of the distribution of funds.

Signature of Building Administrator: _____

Signature of Superintendent, if applicant is building principal: _____

Signature of Applicant(s): _____

Print Name(s): _____

Recommended for consideration by the Tippecanoe Educational Endowment: Yes ____ No ____