



Grant Application

Person requesting funds from the HBF:

First Name

Last Name

Request Amount

Program

Number of students these funds will benefit

What will these funds be used for

What percentage of your project will be funded by HBF if approved? %

What other funds have been raised ? \$

Where were these funds raised from?

I have confirmed with

that this project will not be funded by the School District or other School funded programs.

Full Name

Date:

Title

I have reviewed this application and confirmed its intended use is warranted.

_____ School Administrator _____ Date

The HBF has reviewed this application on (date) _____ and;

Approves

Denies

Reason for denial: _____

_____/ _____ Signature and Title

_____/ _____ Signature and Title