



Munster Education Foundation

PO Box 3046
Munster, Indiana 46321
(219) 836-9111

Grant Application

The suggested duration of the grant is one year. All receipts must be turned in to the Munster Education Foundation and a follow-up evaluation is required at the end of the project.

Project Title: _____

Project Director: _____ Position or Title: _____

Signature: _____ Date: _____ School: _____

School Phone: _____ Ext. _____

Home Address: _____ Home Phone _____

City: _____ State: _____ Zip: _____

Participant: _____ Signature: _____ School: _____

Participant: _____ Signature: _____ School: _____

Participant: _____ Signature: _____ School: _____

Participant: _____ Signature: _____ School: _____

Participant: _____ Signature: _____ School: _____

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Participant: _____ Signature: _____ School: _____

Participant: _____ Signature: _____ School: _____

I approve the project to be funded by this grant. The School Town of Munster is unable to fund the project by other means, including capital funding.

Principal's Signature: _____ School: _____

Project Director: _____ Project Title: _____

Target Group: _____

Number of - Students: _____ Teachers: _____

Describe your project in general:

What are the goals of the project?

What activities/methods will you use to meet the goals?

How will your project enhance the education of the students of the School Town of Munster?

Include a schedule of activities that is clear, logical, and workable.

How will you evaluate the project at its completion?

Identify future plans for this project beyond this funding (if applicable):

