

CREATIVITY

Date Submitted: _____

Project Name: _____

Applicant(s) Name: _____

Home/Cell Number: _____ Email Address: _____

Home Address: _____

Home City, State, Zip: _____

School: _____

School Phone Number: _____

Other Team Members: _____

Amount Requested: _____

Will the items purchased with this grant be used for more than one school year? _____ Yes _____ No

Number of students impacted _____ Grade level(s) _____

The signatures below affirm that the programming proposed in the grant application falls within the educational guidelines of our school corporation.

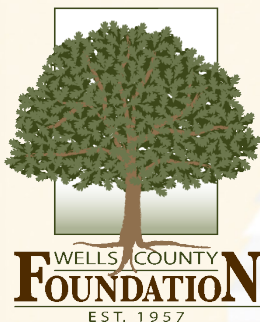
Principal Signature _____

Superintendent Signature _____

Application must be submitted in person or postmarked by **April 1, 2022**

**The Wells County Foundation, Inc.
222 W. Market Street
Bluffton, IN 46714**

Notification or denial letters will be distributed by June 1st



CREATIVITY

Budget and Funding

Itemized Project Budget (Required)

Quantity	Description	Unit Cost	Check if Mandatory Item	Total Cost

Total Amount Requested: _____

Will the project/program be possible with only a partial grant?

Yes No

(If yes, please review budget items and determine which items are mandatory and which ones are not essential in order to implement the grant project.)

Minimum amount needed? _____

(If you will accept partial funding, give the minimum amount of money it would take to implement your grant project.)

Is there any other information you believe to be helpful to the committee reviewing this grant request?