

# Barnesville Public Schools School Foundation

## *Application for Funding*

Depart/Grade Level Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Project Title: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

Start Date of Project: \_\_\_\_\_

PROJECT DESCRIPTION: In the space provided, or on an attached page, please describe what you expect to accomplish with the requested funds and why you feel it is important for ISD #146. Please include grade level/department(s) to be served and what other sources of funding you are seeking.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Foundation Contributions will not be used to support staff salaries/benefits  
or for student scholarships!