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Grant Application Form

Date _____

Applicant's Name _____

Position: _____ Building _____

School Phone: _____ Home Phone: _____

School Email: _____ Home Email: _____

Proposed Project Title: _____

Please provide a description of your proposed project using the criteria guidelines listed in the cover letter. Please contact Allison Salquist at allisonsalquist@hotmail.com or 517-202-9753 with any questions.

Total Budget Request: _____

Applicant's
Signature: _____ Date: _____

Building Principal's
Signature: _____ Date: _____

Please forward the application form to: Laingsburg Educational Advancement Foundation
Grant Review Committee
205 South Woodhull
Laingsburg, MI 48848