

Glassboro Education Foundation, Inc.

Send the completed application to the attention of:

Dr. Robert Preston
Beach Administration Building
Joseph L. Bowe Blvd
Glassboro, NJ 08028

A. General Information

Applicant(s): _____
School: _____
Principal: _____
Grade Level or Subject: _____
Phone: (school) _____ (Home): _____
E-mail(s): _____

B. Statement of Assurances:

The applicant hereby assures the Glassboro Education Foundation that:

1. The applicant(s) meet(s) the eligibility criteria.
2. The activities and services for which the grant is sought will be implemented as written.
3. Any monies not expended within the school year shall revert back to the Glassboro Education Foundation, unless permission to carry it into the next school year is granted.
4. All publicity releases regarding a funded project will acknowledge the Glassboro Education Foundation and/or a particular mini-grant sponsor as the funding agency.
5. The grant recipient(s) will submit a final report summarizing the project's evaluation results.
6. The Board of Education authorizes the filing of this application.

We do hereby certify that all of the facts, figures and representations made in this application are true and correct to the best of our knowledge and that the assurances as stated above are understood and will be followed in their entirety.

Signature of Applicant

Signature of Principal

**Glassboro Education Foundation
Grant Application**

D. Objectives, Activities and Evaluation Techniques (This page may be duplicated if necessary)

Objectives	Program Activities to Accomplish Objectives	Completion Date	Evaluation Techniques

