



**West Geauga Educational Foundation
2024-2025 Grant Application Form**

Date: _____

Program Title: _____

Applicant Name: _____

Work Phone: _____ Personal Phone: _____

E-mail: _____

School(s) served by Proposal: High School Middle School Lindsey Westwood

Program Date (specific start and end dates of program): _____

Grade(s) Served/ Subject Area Addressed: _____

Number of Students involved: _____

1. Total cost of program: \$ _____

2. Requested amount: \$ _____

3. Location of program: _____

4. Are volunteers involved and/or needed: Yes: _____ No: _____

If yes, please describe: _____

5. Date funds are required to start program: _____

6. Other assistance required in addition to funding: _____

7. Summarize in detail the program goals:

8. Proposed Line Item Budget:

Expenses

Category	Description

9. Did you seek out other areas of funding sources – if so, please list:

10. What results are you hoping to achieve and how will you measure your results:

11. Department head who will oversee project/equipment in your absence or if you leave the district?

Supervisor/Principal's Signature: _____

Superintendent's Signature: _____

*Approval required for an application to be considered – email/verbal approval to WGEF trustees are also acceptable

Thank You for Your Interest in WGEF! Additional grant applications can be found at WGEF.org