



Partnership for Educational Progress

GRANT APPLICATION: 2010-2011 School Year

Applicant's Name(s) _____

Home Address _____ City _____ Zip _____

Home Phone (____) _____ School Phone (____) _____

School Name _____ School District _____

School Address _____ City _____ Zip _____

Email Address(s) _____

PROJECT TITLE _____

Subject area(s) _____ Grade Level(s) _____

Number of Students Impacted _____ Budget Request \$ _____

Grant being Applied for: _____ Classroom _____ Special Category Grant

Project Summary Description (one paragraph):

Project implementation time line:

Explain how this project correlates with your School or District goals, or how it uses research-based best practices.

Proposed Budget:

Items	Amount
Supplies	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Equipment	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other	
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL \$ _____	

Applicant's Signature _____ **Date** _____

Approval Signature/ Title (Department Chair/Principal) _____

PLEASE RETURN APPLICATION BY APRIL 23, 2010.

TO: Partnership for Educational Progress
Attn: Grant Committee
596 Crescent Blvd.
Glen Ellyn, IL 60137

Phone: 630-942-8605 Fax: 630-942-8613