

# MLEC Adopt-A-School Grant Application 2024-2025

Teacher Name(s): \_\_\_\_\_ Grade / Subject Teaching: \_\_\_\_\_

School Name: \_\_\_\_\_ Email: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Principal: \_\_\_\_\_

Number of Students Impacted: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

Have you received grant before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

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1. Project Title: \_\_\_\_\_

2. Describe the project and student benefit:

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3. Total Project Budget: (Be specific. List items to be purchased & approx. cost: titles of books, videos, etc.)

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4. Any other information you would like to share about this project?

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Form must reach MLEC by 4:30 p.m., August 30, 2024.**