

Application Code _____

Celebrate the Children Foundation

230 Diamond Spring Road, Denville, NJ 07834
Phone: 973-989-4033 Fax: 973-895-7457
www.CTC-Foundation.org

Celebrate the Children Foundation Educational Grant Application

Application Code: _____
(Code Assigned by CTC Foundation)

Applicant's Name: _____

Phone (Work) _____ Ext. _____

Email: _____

Job Title: _____

School or Organization: _____

Address of School or Organization

If awarded the grant, the applicant agrees to share the results of the project with the Celebrate the Children Foundation within 30 days of project implementation, including pictures. Additionally, the applicant will submit a written report upon completion of the project.

Celebrate the Children Foundation Grant Application Form

Budget Request Amount: \$ _____

Please give a summary description of the purpose of the grant and the initiatives or projects it intends to fund. Be sure to highlight innovative, creative and/or enhanced educational experiences and opportunities (attach further description if needed).

When do you plan on implementing your grant project or grant initiative?

Approximately how many students will be affected, and in what way(s), by this project or initiative? Please list all staff that will be involved in this project and their roles.

What do you expect students to learn/gain from this project or initiative?

Celebrate the Children Foundation Grant Application Signature Form

If awarded grant, the applicant agrees to share the results of the project with the Celebrate the Children Foundation within 30 days of project implementation. Additionally, the applicant will submit a report upon completion of the project.

Signature of Applicant

Date: _____

Signature of Principal/Executive Director

Date: _____

Signature of Technology Representative on Compatibility and
Associated Costs if requesting technology or technology related
items in Grant Application

Date: _____