

Mt. Horeb Area School District

Alumni Endowment for Academic Excellence

APPLICATION

Due Friday, March 22, 2024

Please submit a complete and typed application via e-mail to your building principal and the Resource Development & Public Relations Coordinator.

Title of Project/Activity: _____

Grades/Students involved: Grade(s) _____

No. of Students: _____

Applicant: _____

E-mail: _____

Check one: Teacher: _____ Student: _____ Organization: _____

Note: If a student or student organization is checked, a signature and e-mail address of a faculty member or an advisor is required.

Brief overview of project/activity (Maximum three sentences)

Amount requested \$ _____ Attach itemized list of expenses and their costs.

If the total amount requested cannot be funded, could a portion of the requested funds enable you to meet modified goals? Check one: No _____ Yes _____

Please estimate the minimum amount required \$ _____

Attach a brief narrative (one page maximum) describing the purpose and objectives of the project/activity; how and when the project/activity would be carried out; how the requested funds would be used and the project/activity's projected outcomes.

Faculty signature _____

Date: _____

Committee action: Approved for \$ _____ Denied: _____

Committee's comments: _____