## **Classroom Grant Application**

Partners for Youth

School name		
Principal's first name	Last	
Mailing address		
City		State Zip
Telephone phone	Fax	Email address
Project director's First Nam	e Last Name	
Mailing address		
Mailing address  City		State Zip
	Fax	State Zip  E-mail address
City  Telephone phone	Fax ners for Youth Classroom G	E-mail address
City  Telephone phone  Have you received a Part	ners for Youth Classroom G	E-mail address
City  Telephone phone  Have you received a Part  coject budget info	ners for Youth Classroom G	E-mail address rant in the past? Yes \( \square \) No \( \square \)



4. R	equired Signatures	
	Project Director	Date
	Principal	Date

**5. Project description-** Provide a one-page description of the proposed project and why it is important to you, your school or classroom. Discuss how the school or students will benefit from the project and when it will be implemented.



<b>6. Project Budget-</b> Provide a	letailed budget including each item t	o be purchased
with Mini-Grant funds.		

LINE ITEM	COST
TOTAL	

**Note:** The deadline for applications will be February 11, **2022** by 4:00 pm. Please note, the application must be received in the PFY office by this deadline. All applicants will receive a "confirmation of receipt" email – if you do not get this prior to the deadline, please contact the PFY office asap. Also, per school district policy materials purchased with grant awards are property of your respective school.

**Return completed application to** Lancaster County Partners for Youth, PO Box 1023, Lancaster SC 29721 • or via email (with scanned signatures) at <a href="mailto:sharon@lcpartnersforyouth.org">sharon@lcpartnersforyouth.org</a>.

