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 Name	e Last Name	
Name of project for which fu		
,		
Mailing address		
City		State Zip
Telephone phone	Fax	E-mail address
	Fax ners for Youth Classroom Gr	
ave you received a Parti	ners for Youth Classroom Gr	
ave you received a Parti	ners for Youth Classroom Gr ormation	rant in the past? Yes \(\bigcap \) No \(\bigcap \)
Tave you received a Parti oject budget info amount Requested 5500 Maximum for Ind	ners for Youth Classroom Gr	rant in the past? Yes \(\text{No } \\ \text{No } \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \



4. Required 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.



6. Project Budget- Provide a d	etailed budget including each item to be purchased
with Mini-Grant funds.	

LINE ITEM	COST
TOTAL	

Note: The deadline for applications will be February 10, **2023** 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 sharon@lcpartnersforyouth.org.

