



# BEDFORD AREA COMMUNITY SCHOOL EXCELLENCE COUNCIL

## **VENTURE GRANT APPLICATION**

\_\_\_\_\_  
*Applicant (s)*

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*Project Title*

\_\_\_\_\_  
*Grade Level/Department*

\_\_\_\_\_  
*Date*

**Write a one-paragraph summary of the project you would like to try at your school:**



5. **Detail your budget request. Include specific information such as kinds of materials and equipment needed, supply sources, etc. Be careful to include all costs.**

**ITEM**

**SUPPLIER**

**COST**

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Applicant Signature

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Building Principal Signature

Dr. Allen M Sell, Superintendent  
Bedford Area School District  
330 East John Street  
Bedford PA 15522