



ABINGDON – AVON PUBLIC SCHOOLS FOUNDATION
GRANT APPLICATION

Name:

Date:

Class or Activity:

Budget Breakdown: Provide an itemization of cost of the items or services requested and the vendor name:

Briefly explain the benefit:

How many students will this impact?

Date funds needed by

Additional Comments:

Principal Approval _____

Superintendent Verification _____

Please use back for or attach additional information as you feel necessary.

Foundation Use: Date Received: _____

Approved: _____ Denied: _____ Signature: _____