



# Gesa Grant Program Application

Please complete this application and email to [jjames@cpps.org](mailto:jjames@cpps.org)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School: \_\_\_\_\_

Email: \_\_\_\_\_

Grant amount requested: \_\_\_\_\_ (Not to exceed \$300.00)

**Description of Grant Request:**

Please include the student recipient name and grade.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor Phone: \_\_\_\_\_

By signing this I am agreeing to the Gesa Grant Program Guidelines.

\_\_\_\_\_  
Signature Date

\_\_\_\_ Approved

\_\_\_\_ Denied

Reason for denial \_\_\_\_\_