



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 \_\_\_\_\_

DEADLINE FOR APPLICATIONS: APRIL 1<sup>ST</sup> FOR THE CURRENT YEAR

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

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Foundation Use: Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Signature: \_\_\_\_\_