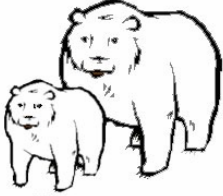
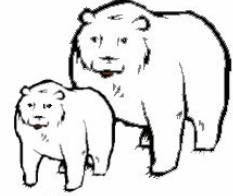


Union City Area  
School District



*Foundation*

Union City Area  
School District



*Foundation*

**UNION CITY AREA SCHOOL DISTRICT  
FOUNDATION**

**TEACHER GRANT APPLICATION**

\_\_\_\_\_  
**APPLICANT(S)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SCHOOL**

\_\_\_\_\_  
**PROJECT TITLE**

\_\_\_\_\_  
**GRADE LEVEL/DEPARTMENT**

\$ \_\_\_\_\_  
**GRANT AMOUNT**

Number of students impacted by grant \_\_\_\_\_

1. Explain in detail the project that you would like the Foundation to consider funding. Include in your explanation: goals and objectives, proposed methods to meet the goals and objectives, needed materials, approximate number of students involved, tentative schedule. (Please use additional paper if more space is needed for the explanation.)

2. Explain why there is a special need for this project.
  
3. Explain how you will evaluate your project. How will you determine if your goals and objectives have been met? You will be required to write a short evaluation at the conclusion of your project.
  
4. Detail your budget request. Include specific information such as the kinds of materials and/or equipment needed. Include all costs.

**ITEM**

**SUPPLIER**

**COST**

---

**APPLICANT SIGNATURE**

---

**BUILDING PRINCIPAL SIGNATURE**

---

**SUPERINTENDENT SIGNATURE**

---

**FOUNDATION SIGNATURE**

**RETURN BY SEPTEMBER 15 TO:**

**Rebecca Stuart, Secretary/Treasurer  
 Union City Area School District Foundation  
 Administration Office  
 107 Concord Street  
 Union City, PA 16438**