

Vestal School Foundation Grant Application

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PLEASE SEND IN 12 COPIES

Name: _____

Address: _____

Contact Person: _____

Phone Number: _____ E-mail: _____

School/Organization: _____

Proposed Title: _____

Total Amount Requested: \$ _____

Project Start Date: _____ Project Completion Date: _____

1. What is the specific goal of the project?

2. Describe the project and the plans for implementation.

3. How will the project enhance the quality of education in the Vestal Schools?

