Student Grant Application Form

Discovery Grants For Students



DISCOVERY GRANT APPLICATION

Student Name:	Class:	Phone Number:			
Mailing Address:					
Project Title:		Amount Requested:			
		\$25	\$50	\$75	\$100
Describe your Project:		<u> </u>	Ψσσ	Ψ, σ	ψ.σσ
December with a track	-				
Describe what you hope to	o learn from this project:				
Teacher / Advisor Name:	Teacher / Advisor E	mail:			
	complete this project as described	in my app	lication. I	agree to	submit
my Project Report by the deadline	given."		Data		
Student Signature:			Date		
	have reviewed this application and	_		d in and	informed
Teacher / Advisor Signature:	the student's Project Report prior t	to submis	Date:	:	
SCHOOL PRINCIPAL STATEMENT:	'I approve this application."				
Principal Signature:			Date		
PARENT / GUARDIAN STATEMENT: reimbursement for project."	"I agree to provide receipt of purch	ases to th	e school d	district p	rior to
Parent / Guardian Signature:			Date	•	

Please submit your completed application to either the Juliaetta Elementary School Main Office or the Kendrick Junior/Senior High School Main Office. Or to the email listed below If following Fall/Spring grant cycles please submit by end of school day of deadline. Questions about grants can be email to anwitt04@gmail.com.