

Discovery Grants For Students



GROUP DISCOVERY GRANT APPLICATION

Lead Student Name: Additional Student Name(s):	Class:
Mailing Address & Phone number of Lead Student on Project:	
Project Title:	Amount Requested: \$25 \$50 \$75 \$100
Describe your Project and how you plan on dividing the work for the project among the group members (continue on back if needed):	
Describe what each group member hopes to learn from this project:	
Teacher / Advisor Name:	Teacher / Advisor Email:
STUDENT STATEMENT: "I agree to complete this project as described in my application. I agree to submit my Project Report by the deadline given." Student(s) Signature(s): _____ Date: _____	
PROJECT ADVISOR STATEMENT: "I have reviewed this application and agree to be involved in and informed about this project. I will also review the student's Project Report prior to submission." Teacher / Advisor Signature: _____ Date: _____	
SCHOOL PRINCIPAL STATEMENT: "I approve this application." Principal Signature: _____ Date: _____	
PARENT / GUARDIAN STATEMENT: "I agree to provide receipt of purchases to the school district prior to reimbursement for project." 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.