

P.O. Box 154 * Clarks Summit. PA 18411 * 570-585-8268

DATE:

Grant Application

Each grant application MUST contain, at a minimum, the information listed below. Please write "attached" on the face of this application if any additional materials are included with your request.

| CLUB | /ORGAN | IZATION |
|-------------|--------|----------------|
| | | |

| Name of Organization/Club: | | | | | |
|----------------------------|--|---|---|---|--|
| _ | | _ | _ | _ | |

Contact Name: Telephone:

Email:

If you are a teacher, which building/school do you work at?

PROGRAM INFORMATION

Program/Project Name: Program Date(s):

Complete Overview/Program Summary:

Number of students involved in the program:

FUNDING REQUEST

Amount Requested:

Date/Timeline Funds are Needed:

Description of Fund Use:

(If applicable) Please describe, in detail, who will be responsible in installing and maintaining equipment that will be used in AHSD buildings:

Other Sources of Funding (including any funds received from AHSD):

(If applicable) List stipend amount received by advisor:

Itemized Program Budget (Attached)

Have you received funding from us in the past? Explain.

GRANT SUBMISSION TO AEIO

Teachers: Submit this request to your building principal. Grant applications will be submitted by the principal directly to AEIO.

Others: Email completed form to the AEIO Program Committee at contact@aeioandyou.org

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