

EAST ROCHESTER ALUMNI FOUNDATION, INC.

GRANT APPLICATION

Project Name: _____

Name and Address of contact person: _____

School Phone: _____

Home Phone: _____

Email address: _____

Fund Amount Requested: _____

Date Funding Needed: _____

Project Description:

- Describe your project
- Anticipated outcome and/or benefit(s)
- Number of students involved/affected
- Projected Costs (materials, equipment, fees, other items, etc)
- Whether any District Funding is available for your project
- Other sources of funding

Please attach additional pages as needed.

Signature: _____

Date: _____

Deliver your completed request to:

East Rochester Alumni Foundation
c/o Office of Superintendent of Schools
222 Woodbine Avenue
East Rochester, NY 14445
Fax: 585-586-3254