2024 EDUCATION GRANT COVER PAGE

Name: _____ **Date:** _____

School: _____ **Grade/Subject:** _____

Email: _____ **Contact number:** _____

***can we text? YES / NO

Project/Grant Title: _____

Grant Code: _____(Grant Code is the first letter of your last name, first letter of your first name, and the last four digits of your contact phone number) example: Bonnie Crabtree phone number 484-4343 Grant Code CB4343

Are you willing to provide photos of the children involved in the project? YES / NO

Are you willing to allow the Kernersville News to do a story about your project? YES / NO

What month/time of year will you be implementing the project? _____

Thank you for assisting us to greet/host at a restaurant next summer for 1-2 hours during one of the Eating for Education days in the summer of 2025 - Wednesday July 9, August 13, or September 10 (*Please circle at least one to volunteer on*)

PLEASE KEEP YOUR APPLICATION TO A SINGLE PAGE

Any question without a response will result in an immediate disqualification of application.
Please do **not** mention the name of your school in your application. Mentioning your school is basis for your grant to not be considered.
Grants can now be requested for up to $1,000.
All receipts must be received at the Chamber by July 1, 2024 to be paid. Winners must turn in all receipts by end of day July 1, 2024, in order to be reimbursed for your grant total. *If you do not use your grant after it is awarded, you will be ineligible to apply in the future.*

APPLICATION DUE DATE: Friday, November 1st, 2024 – 4:30 PM via kchamber@kernersvillenc.com

I understand and agree to abide by these conditions for my grant application to be considered.

Signature: _____ Date: _____

Please note that previous year winners must wait one school year before applying again. For example, if you received a grant for the 2023-2024 school year, we invite you to re-apply for the 2025-2026 school year.

2024 EDUCATION GRANT APPLICATION PAGE
KEEP YOUR APPLICATION TO THIS SINGLE PAGE

Applicant Code_____ (The Applicant Code is the same as your grant code)

*Budget: List the major items/services to be purchased. Do NOT exceed $1,000. Limit 500 words. If the budget is not itemized and totaled the grant will not be considered.

*Purpose: Describe how the grant will be used. Please include the number of students that will be impacted. Limit 500 words. **Please do not name the school.**

*Description of Need / Benefit: Briefly describe why this grant is important to you and your school. What will it enable to happen that would not otherwise be possible? Limit 500 words. **Please do not name the school.**

*Has this been tried before? _____ If Yes, then describe previous successes/struggles. Limit 500 words. **Please do not name the school.**

*REQUIRED