



2019 EDUCATION GRANT COVER PAGE

Name: _____ Date: _____

School: _____ Grade/Subject: _____

Email: _____ Contact number: _____
***can we text? _____

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? _____

Are you willing to allow the Kernersville News to do a story about your project? _____

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 2020. The second Wednesday in July, August or September (please circle at least one)

*****PLEASE KEEP YOUR APPLICATION TO A SINGLE PAGE*****

Please keep application to ONE page. If you need to exceed one page, please include your grant code on each page. Any pages without a grant code will not be considered.

PLEASE do not mention the name of your school in your application. Mentioning your school is basis for your grant to not be considered.

All receipts must be received at the Chamber by June 1, 2020 to be paid. Winners must turn in all receipts by end of day June 1, 2020, 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: September 19, 2019 - 5 PM**
Via fax 336-993-3756 or 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 2018-2019 school year, we invite you to re-apply for the 2020-2021 school year.



School Code _____ (office use only)

2019 EDUCATION GRANT APPLICATION PAGE

*****KEEP YOUR APPLICATION TO THIS SINGLE PAGE***

Applicant Code _____ (will not be processed without this code on each page submitted)

(The Applicant Code is the first letter of your last name, first letter of your first name, last four digits of contact phone number listed on cover page) example: Bonnie Crabtree phone number 484-4343
Grant Code CB4343

Purpose: (Describe how grant will be used-**please do not name school**) **Please include the number of students that will be impacted.**

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? **Please do not name school**)

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

Budget: (List the major items/services to be purchased. Do NOT exceed \$500, please.) **REQUIRED**