**BATESVILLE COMMUNITY EDUCATION FOUNDATION GRANT APPLICATION**

Primary Contact Name:

Address:

Email/Phone:

Amount of Funds Requested:

Project Summary:

Goal:

Project Need (Describe the need & # of students impacted):

Project Timeline (Do you need funds by a certain date):

Please list all individuals involved in developing this grant idea/proposal:

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Funding Sources (Have you received other funding and what other opportunities for additional funding do you have):

Principal Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please e-mail completed forms to Anne Wilson, BCEF Director, at awilson@batesville.k12.in.us or mail to: BCEF, P.O. Box 121, Batesville, IN 47006.