



**POWELL HIGH SCHOOL DREAMS FOUNDATION
GRANT APPLICATION**

Date of Request: _____	Amount Requested from Foundation: \$ _____	Number of Students Served by Funding: _____	Deadline for Receipt of Funding: _____
Total Dollar Amount of Project/Activity (If Beyond Request Amount): \$ _____		Length of Time for Project/Activity Impact on Students (Check one): _____ <i>Ongoing</i> _____ <i>Present Class or Classes Only</i>	
Please mail completed form to: PHS Dreams Foundation, Grant Requests, Box1031, Powell, TN 37849			

Name and position of applicant: _____

Email Address: _____ Phone number: _____ Project/activity name: _____

Describe the purpose of the project/activity and how it relates to education of the students involved:

Provide the project budget including specific description of materials, supplies, and other related costs:

Background Information for Project/Activity

- Have you received funding from the PHS Dreams Foundation previously? (Check *Yes* and Explain, or *No*)
_____ *Yes, for:* _____ _____ *No*
- What other funding sources are you exploring? _____
- Have you requested funding from other agencies/organizations at this time? (Check *Yes* and Explain, or *No*)
_____ *Yes, from* _____ _____ *No*
- If you have carried out this project/activity in the past, please describe its impact and the effect upon instruction if the Foundation cannot fund your request. _____

Signature of Applicant _____
Date _____

Signature of Principal _____
Date _____

Fundraising efforts are continuous. Funds may not be available when your initial request is received; if approved, fundraising efforts may provide full or partial funding at a later time. The Board of Directors approves all allocation of program funds.

PHS Dreams Foundation applicants will be notified regarding the results of their application. If funds are approved, the Foundation will disburse funds through its treasurer.