



# VESTAVIA HILLS CITY SCHOOLS FOUNDATION

## GRANT APPLICATION FORM

*Deadline for applications to be postmarked - Friday, December 1, 2017*

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT CONTACT INFORMATION: PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

APPLICANT RELATIONSHIP TO VH SCHOOLS: \_\_\_\_\_

PROJECT START DATE: \_\_\_\_\_ AUTHORIZING ADMINISTRATOR: \_\_\_\_\_

POPULATION BENEFITING FROM GRANT: (provide grade, school, teachers or names of other groups)  
\_\_\_\_\_

AMOUNT OF GRANT REQUEST: \_\_\_\_\_

WILL GRANT REQUIRE MATCHING FUNDS? IF SO, AMOUNT: \_\_\_\_\_ SOURCE(S) (attach separate sheet)

Provide a brief description of the project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this project assist the VH city school system's strategic objective(s) this project addresses and describe the need for this project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the outcomes from this project. Who will benefit? How will you measure?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can this project be replicated in another school?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send Application with attachments to:

Tait Stoddard, Executive Director  
Vestavia Hills City Schools Foundation  
P.O. Box 660483  
Vestavia Hills, AL 35266  
or  
e-mail to: [director@vestaviafoundation.org](mailto:director@vestaviafoundation.org)

The Foundation encourages applicants to review the "Guidelines for Grant Seekers" prior to submitting an application.

\* Please attach a budget for the project. Show matching funds or in-kind services if required for completion and provide information on how you will obtain the matching funds, if necessary.

\*\* Applicants may alter this form, submit in Word or as a pdf.

Please limit submission to this grant application form plus no more than 3 pages.