

**GALILEO ALUMNI ASSOCIATION
GRANT APPLICATION**

Date: _____ Application use for Fiscal Year: _____
Applicant's Name: _____ Title: _____
Department: _____ Email: _____
Courses/grade levels teaching: _____
Subject or program area for
which funds are sought: _____

(FOR DESCRIPTION AND NEED/BENEFIT, PLEASE ADD AN ADDITIONAL SHEET OR USE BACK TO EXPLAIN IF NEEDED)

Description of the project, program, equipment, etc. for which you are requesting a grant:

Need/Benefit: How will this grant meet the GAA funding guidelines? Include information about potential for shared use of items sought and about benefits within your department and the Galileo community.

Grade level(s) of students: _____ No. Students impacted: _____

Applicant's Signature: _____

If this is a faculty application, your Department Chair's Name: _____

Department Chair's Signature: _____

Signature of Principal: _____

Other Information:

1. What is the total amount of money you are seeking from the GAA? \$ _____
2. What is the total cost of the project? \$ _____
3. If GAA is funding only a portion of the project cost, briefly explain other funding sources and the amount requested for the project.

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4. Did you or your department receive GAA grant funds this year or last year? Yes No
 5. At conclusion of project, applicant MUST submit to GAA, receipts to verify grant expenditures within two weeks of use. In our mailbox at school or email galileoalumni@yahoo.com.

NOTE: The award letter will indicate when the deadline is for the money to be used. *If the grant money is not used by the deadline, the grant will be forfeited and the check returned to the GAA mailbox.*

For GAA Grant Committee Use Only

Date received: _____ Amount of request: _____ Amount Granted: _____ Date Approved by Board _____

Presidents Approval: _____ Date: _____