

**CLASSROOM GRANTS PROGRAM
APPLICATION SUMMARY**

TEACHER APPLICANTS' NAME: **Melissa Della Penna**

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE: _____

SCHOOL FAX: _____

NAME OF PRINCIPAL: _____

GRADE: _____ **NUMBER OF STUDENTS** _____

SUMMARY OF PROPOSAL:

AMOUNT REQUESTED: _____

I, _____, PRINCIPAL have read the enclosed grant proposal and attachments as submitted by the above named teacher and approve of the proposed classroom project.

Principal Signature: _____ **Date:** _____

Teacher Signature: _____ **Date:** _____