

# AURORA EAST EDUCATIONAL FOUNDATION GRANT COVER PAGE

### MUST BE ATTACHED TO APPLICATION

CONTACT PERSON(S)	
SCHOOL	POSITION/TITLE
PROJECT/PROGRAM TITLE	<u> </u>
PHONE	E-MAIL
Has an application for this proj	ect been submitted to AEEF previously?YESNO If yes, when
TOTAL AMOUNT REQUES	One specific amount is required. Not to exceed \$1,500
I	Please Read and Sign Below
School District 131, the right to	Aurora East Educational Foundation and East Aurora o use this proposal and results of the proposed project, if ses within East Aurora School District 131.
Applicant Signature	Date
Principal's Signature	

## **Brief Overview**

Project Title:
Targeted Grade Level:
Targeted Student Population:
Number of Students Involved:
Duration of Project (i.e. days, weeks, months, etc.)
Intended Outcomes (1-2 sentences):
Method(s) to be used to evaluate project (1-2 sentences):

## AURORA EAST EDUCATIONAL FOUNDATION GRANT PROGRAM 2018-2019 SCHOOL YEAR

### **CHECKLIST**

 Cover Page
 <b>Project Overview</b> (Please identify the innovative/creative aspects of the proposal)
 Project Outline (Please include goals and objectives)
 <ul> <li>Budget</li> <li>✓ Itemized Budget (materials, consultants, etc.)</li> <li>✓ If the total cost of this proposal exceeds the \$1,500 grant limit, where will you get the remainder of the needed funds? Please be specific.</li> </ul>

All proposals will be judged by the same criteria and standards and thus must follow the outlined proposal format and guidelines. Please limit all proposals to no more than five (5) typed written pages).

Ten (10) copies of the completed grant application must be delivered by Friday, September 28, 2018 to:

Lisa Morales School Service Center 417 Fifth Street Aurora, IL 60505

THE ABOVE CHECKLIST IS FOR INFORMATIONAL PURPOSES ONLY PLEASE DO NOT INCLUDE THIS PAGE WITH THE APPLICATION