



GRANT APPLICATION 2017/2018

Application Date _____

Amount Requested _____

Distribution Date _____

Status Report Due Date _____

Applicant Name _____

Title & Employer _____

Address & Phone _____

PLEASE CHECK ALL APPLICABLE CATEGORIES

<input type="checkbox"/>	New Grant Request	<input type="checkbox"/>	Aspen Promise Scholarship
<input type="checkbox"/>	Recurring Grant Request	<input type="checkbox"/>	College Fair
<input type="checkbox"/>	ASD Priority Needs	<input type="checkbox"/>	Community Initiative
<input type="checkbox"/>	Classroom Needs	<input type="checkbox"/>	Professional Development

Are there other sources of funding being used? YES or NO

If yes, from what source(s)

1. Describe the program(s)/position(s) and goals, including, when applicable, the number of students, educators or staff benefitting.

2. How will the program(s)/position(s) continue in the future and what are the foreseen recurring costs?

3. How will you determine the degree of success and what constitutes success in the program(s)/position(s) applied for?

4. Please add anything else about the program(s)/positions(s) that will help Aspen Education Foundation better understand the value it will bring to the students or educators in the Aspen community.

Applicant Signature

Date

AEF Signature of Approval

Date

Please fill out and e-mail to aef@aspenk12.net