Louisville City School District
Crowdfunding Application Form

Applicant: _____

Building / Grade / Content Area / Service Area: _____

Phone: _____ Email: _____

Crowdfunding Site Requested: _____ Site Tax Exempt: Yes ____ No ____

Project Dates Requested: _____

Total Amount Requested for Crowdfunding Grant: $ _____

Requested Cash: Yes ____ No ____ If Yes, Amount of Cash: $_____

Requested Goods and/or Services: Yes ____ No ____

Combination of Cash and Good/Services: Yes ____ No ____

Have you ever been a previous recipient of a Crowdfunding Grant: Yes ____ No ____

Project Title: _____

Project Summary *(exactly as it is to be presented on the website)*: _____

_____

_____

_____

_____

_____

_____

How does this project align with the District's Vision Statement? _____

_____

_____

Louisville City Schools
VISION
EMPOWERING STUDENTS
ENGAGED COMMUNITY
ENDLESS POSSIBILITIES

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Crowdfunding Application Form

Crowdfunding Project Budget:

Item Description *(i.e. supplies, equipment, transportation, fees, etc.)*	**Expenses**
Total Expenses	**$**

ACKNOWLEDGEMENT:

By signing below, I am submitting this application for the aforementioned crowdfunding grant/project. I agree that I have read and understand the current board policies and administrative guidelines related to crowdfunding and that all of the provided information is accurate and complete. I also agree that if this application is not approved, I will not pursue this crowdfunding project in any other manner. I further agree and understand that if approved, all donations (monetary and good/services) received through the crowdfunding project are property of the Louisville City School District and will be accounted for accordingly and that no photos of District students will be used on the crowdfunding website.

Signature of Applicant: _____ Date: _____

APPROVAL:

Building Administrator: _____ Date: _____

Superintendent: _____ Date: _____

Treasurer: _____ Date: _____