

Lebanon Education Foundation
Classroom Grant Application
School Year 2025-2026
April 9 Due to Building Principal

April 13 Due from Building Principal to Robin Gower, Lebanon R-3 Central Office

School: _____ Project proposed by: _____
Email Address: _____ Cell Phone: _____
Project Title: _____
Grade(s)/Subject(s) Covered: _____
Number of Students Affected: _____ Amount Requested: \$ _____ Time Span of Project _____
Names of all Personnel Involved: _____
Please Check If: _____ First Time Applicant _____ Previous Grant Recipient

These items should be checked prior to submission.

_____ Grant is professionally written; grants are reviewed by a team of retired teachers. 😊

_____ Grant is proofread for typos, misspelling, proper grammar, math errors, etc.

_____ The name of the grant indicates the content.

_____ Grant is typed on the application form provided.

_____ Do not include a cover sheet.

_____ Application is signed by a teacher involved with the grant.

_____ If purchase of technology is included, the Director of Technology signed the application indicating approval of the request.

_____ Print the completed application, make 4 copies, and submit to your building Principal for their signature. The building Principal will submit the signed applications to Robin Gower at LR3 Central Office. Keep a copy for yourself.

Application on pages to follow.

1. Summary of Grant: Describe the focus of this grant – what will students be doing? What will students be learning? What materials/equipment are needed?

2. Identify the specific district subject/grade level curricular learning objectives this project addresses. Do not cite your district's mission/vision statement as the objectives addressed in this proposal, actual curriculum objectives are required. Example: 4.GM.C.7 Use the four operations to solve problems involving distances, intervals of time, liquid volume, weight of objects and money. Use your district approved objectives, they may not be in this same format.

3. Describe each learning activity and how it supports student learning.

4. What evidence will you use to assess student progress and growth?

5. If this project requires technology with ongoing costs (e.g. subscriptions, maintenance, replacement) please describe the plan for funding and sustaining this technology after the grant period ends.

6. Additional Comments:

PROJECT FUNDING

A. List all materials, equipment, and supplies required **in order of priority** and the estimated cost.

B. Projects involving the purchase of technology must be approved by the District Technology Director indicated with signature below.

Item	Quantity	Cost	Approved (Committee Use Only)
Shipping costs			
Project Total		0	

C. Are there other sources of funding for this project?

YES _____ NO _____ List Source _____

Teachers Signature
(Required)

Date

Principal's Signature (Required)

Date

Technology Director Signature
(if applicable)

Date

All pages of the grant must be submitted, all questions must be answered and required signatures must be included to help the grant review team make informed decisions. If these conditions are not met, the grant will not be considered. Thank you for your thought, time and effort in submitting your application.