

Fluvanna Education Foundation

Designated Funds Grant Application

(To be used for requesting funds that have been specifically designated)

Applicant Name _____ Date Submitted _____

Applicant Position _____ School Name _____

Project Title _____

Home phone # _____ School phone # _____

Email address _____

Total Funding Request (Must be <\$100.00) _____

Please describe need for funding: (Attach additional pages if required)

Applicant Signature _____

Principal Signature _____

Mail completed form to PO Box 224, Palmyra, VA 22963

The Fluvanna Education Foundation retains the right to use information and products of the project for public information. Materials purchased will remain within the Fluvanna County School system. Any unused funds are to be returned to the Fluvanna Education Foundation.

For Official Use Only:		
Grant # _____	Date Received _____	
Approved _____ Rejected _____	Date Reviewed _____	Amount Approved _____
Check # _____	Date of Check _____	Amount Used _____