|  |  |
| --- | --- |
|  | Washington Area FCU |

# Sponsor-A-Classroom Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email | : |
|  |  |  |  |

## School Information

|  |  |  |  |
| --- | --- | --- | --- |
| School Name: |  | Address: |  |

|  |  |
| --- | --- |
| Phone Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Admin Info: |  | Name: |  |

|  |  |
| --- | --- |
| Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Email: |  | Address: |  |

## Are you a member?

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Address: |  | Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact you to become a member: |  |  |  |
|  |  |  |  |

## Sponsor-A-Classroom Information

|  |  |  |  |
| --- | --- | --- | --- |
| School: |  | Grade: |  |

|  |  |
| --- | --- |
| Subject Area: |  |

|  |  |
| --- | --- |
| Number of Students: |  |

## *Proposal*

*Highlight how you are making an educational impact and tell us what you would do with the grant!*

Please answer the following questions on the materials needed for your classroom.

1. A list of materials that you are asking for, along with their cost.
2. What will these materials be used for and why are they needed?
3. What will be the benefit for the students in your class and/or school from receiving these materials?
4. Include a lesson plan illustrating how these materials will be used.

## Terms and Conditions

Maximum amount allocated: $250.00.

This money can be used for a variety of projects and materials, including but not limited to books, software, calculators, art supplies, audio-visual equipment, and lab materials.

Schools/Administrators will be notified and presented with the check.

**Application Deadline:**

January 31 for Spring Submission or September 30 for Fall Submission

I verify that the information provided is true and accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |