



Innovative Learning Grant Application Cover Page

Project Title: _____

Name of Applicant(s)	Signature of Applicant(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

School(s): _____

Grade(s): _____ (list each grade level) Subject(s): _____

Number of Students _____ Amount of Grant \$ _____

Primary target population to be served:

- Students (target group: _____)
- Parents
- Teachers

Implementation Dates: _____

Signature of Principal: _____ Date: _____

For applications where funds will be used to purchase technology and/or media equipment:

Signature of Senior Director of Technology, Brian Landers: _____

(brian.landerson@wjccschools.org)

For applications where funds will be used for construction or maintenance:

Signature of Senior Director of Operations: _____