

Innovative Learning Grant Application Cover Page

| Project Title: | |
|--|---------------------------|
| Name of Applicant(s) | Signature of Applicant(s) |
| | |
| | |
| | |
| School(s): | |
| School(s): | |
| Subject(s): | |
| Number of Students: | Amount of Request: \$ |
| Primary Target Population to be Served: D Students (target group: D Parents D Teachers | |
| Implementation Dates: | |
| Signature of Principal: | |
| | Date: |
| Signature of Senior Director of Technology, Brian L (For applications where funds will be used to purchase tech | |
| | Date: |
| Signature of Senior Director of Operations: (For applications where funds will be used for construction | or maintenance) |
| | Date: |

(This page will not be seen by the Review Committee)