

SCOTT COUNTY COMMUNITY UNIT SCHOOL DISTRICT #1
EDUCATION FOUNDATION
PO Box 83
Winchester, IL 62694

APPLICATION FOR FUNDING

NAME: _____ **DATE:** _____
SCHOOL: _____ **CLASS:** _____
AMOUNT REQUESTED: _____ **DATE NEEDED:** _____

FUNDS WILL BE USED TO PURCHASE:

PLEASE DESCRIBE WHAT YOU HOPE TO ACCOMPLISH WITH YOUR PROJECT/PROGRAM.

Requestor

APPROVAL OF PRINCIPAL: _____

Foundation Use

DATE RECEIVED: _____ **FILE NO.:** _____
DATE APPROVED: _____ **DATE FUNDED:** _____
AMOUNT FUNDED: _____
