

SM Legacy Grant Program

Application Form - Cover sheet

smlegacy@gmail.com
Please complete the information below:*.

Amount Requested: \$ If applicable, please consider the please formula item, please the p	der shipping/handling fees in ease contact your IT support	(Round off figure your request. to consider all tech	s) inical needs to fully ope	erate the
Item(s) requested:				
Name of Applicant(s):				
Secondary Telephone a	E nd e-mail: de of school day/during holiday			<u>_</u>
	de of scrioor day/duffing floriday			
Current Position:				
Grade Level:				_
Subject Area:				_
Co-curricular Area:				
*Return the <u>completed</u> office.	application with your s			
SM LEGACY USE (only Date received:):	Acknowledgem	ent sent:	
Date of Grant committee AcceptedRejected	tee meeting: Acknowledgement dat Notification Date nt sent:	e:	Ck #:	
Final acknowledgeme	nt sent:		(Date)	

The SM Legacy

Directions: Answer all the questions in a clear concise manner. Make sure all items are addressed in order. <u>Clearly label each item if you do not use the form provided.</u> Feel free to attach descriptions and photos of items requested.

SM Legacy - Grant Request

Scoring Rubric - For use by The SM Legacy

Materials Requested						_			
Amount Requested									
Person/School Making the Request									
Highest Total Score - 20 Circle - 4 being highest.									
1. Description of requested materials - Clearly stated plan for use	. 4	3	2	1	0				
2. Explanation of funding avenues explored		3	2	1	0				
3. Uses and impact of materials		3	2	1	0				
4. Source of additional funds for upkeep, etc.		3	2	1	0				
5. Overall appearance and completeness of application		3	2	1	0				

Comments:

Rev: 4/2012