

BLACKFOOT EDUCATION FOUNDATION
MR. COLIN FOLSOM
RIDGE CREST ELEMENTARY SCHOOL
800 AIRPORT RD
BLACKFOOT ID 83221

SMALL GRANT PROGRAM FOR TEACHERS
APPLICATION FORM

Applicant: _____ Date: _____

School: _____ Amt Requested: _____

Project/Program Title: _____

Contact Person: _____ Phone: _____

Signature of Principal: _____

Narrative Description of the Project/Program:

1. Please attach an additional sheet if more room is needed to describe the project.
2. If the project is funded, please designate a time for you to submit a verbal or written report to the Foundation Board describing the success of the program.
3. Projects will be funded based on the following priorities:
 - a. The creative and innovative nature of the program.
 - b. The expected impact on our classroom and the process of education.
 - c. The expected long-term impact on the children and the enrichment of their educational experience.
 - d. Priority will be given to teachers who are contributing to the Foundation.
4. Are other teachers who contribute to the Foundation willing to support this project?