

LUFKIN INDEPENDENT SCHOOL DISTRICT

GRANT PROPOSAL FORM

Please fill out the form below and submit to your campus principal.

Name of Requestor: _____

Campus: _____ Academic year: _____

Organization Name (if applicable): _____

Amount requested: _____

Purpose or rationale for funds:

Please name the foundation or entity you are submitting this grant proposal to:

Director/Sponsor/Coach/Officer

Signature _____ Date _____

Principal Signature _____ Date _____

Superintendent's approval: YES* _____ NO _____

Superintendent's signature: _____ Date _____

*If your grant request is approved, please submit a copy of the completed grant application to Admin.