Trumansburg Education Foundation Grant Application

If you are applying for a grant of $1,000 or less, you may submit your application anytime to be reviewed on a rolling basis. For grant applications over $1,000, please apply during our designated grant cycle (August 1st for Fall Grants and January 15th for Spring Grants).
If you have a time-sensitive grant request over $1,000, please message
grants@tburgedfoundation.org to be considered for an out-of-cycle review.
For questions, or if you wish to submit an alternative application format, please email
grants@tburgedfoundation.org.

* Required

1. Email *

_____

2. Name: *

_____

3. Phone: *

_____

4. School/Organization: *

_____

5. Position: *

_____

Grant details

Please tell us about the grant you hope to gain funding for

6. Primary Project Objectives: *

    _____

    _____

    _____

    _____

    _____

7. Grade levels of students the grant would cover: *

    _____

8. Number of students the grant would cover: *

    _____

9. How will the grant funds be used to support the project objectives? *

    _____

    _____

    _____

    _____

    _____

10. Schedule for the project; start and end dates: *

    _____

11. How will you measure the success of the project? *

_____

_____

_____

_____

_____

12. Amount of funding needed to make project viable: *

_____

13. Amount requested from the Trumansburg Education Foundation: *

_____

14. Amount requested from other sources: (Please list those sources) *

_____

_____

_____

_____

_____

15. Please provide a detailed budget. A separate document can be uploaded at the end of the application if easier: *

_____

_____

_____

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_____

16. If your project is not funded by the Foundation, do you anticipate completing the project and if so, how? *

_____

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_____

_____

TCSD Approval

Employees of Trumansburg Central School District are required to have administrator approval if the grant project or item will operate or be used in a classroom or on school grounds. We will seek confirmation of administrator approval prior to reviewing your application. If you already have confirmation of approval, please upload (at the end of this application) a statement or signature from your administrator indicating this, or they can send a brief email of approval to grants@tburgedfoundation.org, specifying the name of the grant application.

17. Name of Administrator

_____

18. Email for Administrator

_____

19. If an employee of the TCSD, has your administrator approved this project? *

Mark only one oval.

◯ Yes

◯ Yes, and approval is attached

◯ No

◯ N/A

Additional documents

Please use this section to upload any additional documents you feel are relevant to your application

20. Please upload up to 5 documents that support your application

Files submitted: