Abby Kelley Foster Educational Foundation, Inc.

10 New Bond Street • Worcester, MA 01606 • Phone: (508) 854-8400 • Fax: (508) 854-8484
Email: edfoundation@akfcs.org Tax I.D. 13-4315948

Deadlines:
October 1st
February 1st

FUNDING APPLICATION

(Revised 12/13/17 and subject to change.)

Project Title: _____

Name(s) and Job Title(s): _____

Department: _____ Email: _____

IMPORTANT: ***Clearly and completely explain your project on a separate sheet of paper.*** Yes No

How many students will your project benefit? _____ Total Project Cost: $_____

Which grades will your project benefit? _____ Amount requested: $_____

Program Funding Request

Budget Item	Amount
Total grant request to AKF Educational Foundation	$

Have you previously requested funding for this proposal from the school? (Please circle) Yes No

If the Abby Kelley Foster Educational Foundation, Inc. is unable to award the full amount requested, would the project still benefit from a lesser amount? _____

Please explain. _____

_____

How does your proposal advance the mission of the school? _____

_____

_____

Who will oversee the implementation of your project? _____

Project Endorsements/Signatures

Please review your grant request with your team leader/department head, your school principal, and if applicable (required for all technology requests) the technology director.

Names and titles of the endorsers	Principal:
	Team Leader/Department Head:
	Technology Director (if applicable):

Please check the category of the Mission Fund that this proposal supports:

- ☐ Academics
- ☐ Art
- ☐ Athletics
- ☐ Character Formation
- ☐ IB Program
- ☐ Music
- ☐ Professional Development
- ☐ Technology
- ☐ Other_____

I AGREE UPON THE USE OF THESE FUNDS TO SUBMIT A PICTURE AND A FINAL WRITTEN ACCOUNTING OF THEIR USE TO THE AKF EDUCATIONAL FOUNDATION'S OFFICE. (one paragraph)

_____ _____ _____

APPLICANT'S NAME **SIGNATURE** **DATE**

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ DATE REVIEWED BY EDUCATIONAL FOUNDATION BOARD OF DIRECTORS: _____

☐ APPROVED (AMOUNT: $_____) DATE RESPONSE SENT TO APPLICANT: _____

☐ DENIED DATE WRITTEN ACCOUNTING RECEIVED: _____

The mission of the Abby Kelley Foster Educational Foundation, Inc. is to support the advancement of the Abby Kelley Foster Charter Public School. The Foundation executes its mission through fundraising, advocacy, relationship building, recruiting and referrals.