

APPLICATION FORM

BATTLE LAKE EDUCATION FOUNDATION

GRANT PROGRAM



Application due Thursday, September 12, 2024 to Superintendent Nudell

Name: _____

Position at Battle Lake School: _____

Email: _____

Project Title: _____

Amount Sought: _____

Project Period: From: _____ To: _____

Please answer the following on a separate sheet of paper:

1. What do you intend to do with the funds?
2. Why is the project needed?
3. Who will be served? How many students will be served?

Superintendent Signature:

Date:

Applicant Signature:

Date:

For information about the foundation visit: www.542foundation.com