



CAROL KELLEY EDUCATION ASSISTANCE GRANT
GRANT APPLICATION

Grants up to \$500 will be awarded to six (6) applicants.

Applicant Name: _____

Name of Grant: Carol Kelley Education Grant Amount of Grant: _____

Building: _____ Grade/Subject: _____

APPLICATION INSTRUCTIONS

Your grant application should consist of the following:

Page 1 - A completed copy of this form with signatures
Both signatures are required on this application form to qualify for grant

Page 2 - Grant description including:
1. Summary of grant including costs up to \$500
2. Details regarding relevance to subject(s) taught
3. Description of the educational outcome

Page 3 - Grant Funding Outline - list actual cost in detail
Please see specific funding instructions on page 3

Post Grant Requirements:

Grant recipients will be required to complete the post-grant assessment and provide photos or other materials (videos, thank you letters, art, etc).

Applicant's Signature _____ Date _____

Principal's Signature _____ Date _____

**Return this form by email or inter-school mail to the Foundation Office.
Application must arrive before 4:00pm on Deadline.**

ISD Foundation
201 N Forest Ave ▪ Independence, MO 64050
Ph: 816.521.5300 ▪ Fax: 816.521.5667
brianna_bolger@idschools.org

IRSPA
For information contact:
Dayna Gosnell 816.668.5734
oldhwy86@comcast.net

Post Award only: _____

Superintendent Signature: Authorization for Purchase _____ Date _____



GRANT FUNDING OUTLINE: Carol Kelley IRSPA Grant

Pricing/Funding Instructions for Electronics:

- * MUST have IT approval before purchase of any technology products
- * Please use Apple website only for pricing on technology items
- * Add \$100 per tech item for Filewave/Security Software and Cover/Case

Pricing Instructions for Amazon Items:

- * Round up the cost of each item (example-if item is \$14.87, round up to \$15)

General Instructions:

- * Include serial numbers and/or inventory numbers where available
- * Some supplies are not vendor specific and will be ordered from approved vendors.

Applicant Name: _____

Item	Number needed	Supplier	Total Amount*
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL GRANT REQUESTED			\$

**Overages of 20% from listed price will be approved*