

Unified Co-Curricular Program Funds

## **Application for Existing Programs**

School/School District Name:	
Contact Information:	
Name: Title: Phone: Email:	
Mailing Address:	
Title of Co-curricular Program:	
Number of students who participate:	
Proposed Program Description:	
Please include what the program is, why you are requesting these funds and what impact this will has within your school/district:	
What other programs do you currently run within your school and school district:	
How are these programs funded?	
Itemized budget and matching funds, if available	
Equipment, Supplies and/or Uniforms	Anticipated Cost
Subtract Matching Funds (if any):	
Total Anticipated Costs:	

Applications will not be accepted or reviewed until after October 15<sup>th</sup> of each year, however they will be considered on a rolling basis until June 30<sup>th</sup> of each year, if funds are still available.