

Unified Co-Curricular Program Funds

Application

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

Applications for funding need to be submitted by October 1 of each year, however they will be considered on a rolling basis until June 30th of each year, if funds are still available.

Refer to: RSA 21-N:4, XI(a).