



School/School District Name: _____

Name: _____

Title: _____

Phone: _____ Email: _____

Mailing Address: _____

Number of students anticipated to participate: _____

What other programs do you currently run within your school and school district:

How are these programs funded? _____

Equipment, Supplies and/or Uniforms	Anticipated Cost
Subtract Matching Funds (if any):	
Total Anticipated Costs:	

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