

Number: _____
Date Received: _____

**District 106 Educational Foundation
Request for Foundation Funding
Teacher Enrichment Grant**

Date: _____

I. Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Applicant is (Check One)

Teacher

Administrator

II. Summary Description

Briefly describe the purpose for which you are applying for this grant:

III. Description of Relation to Educational Purpose of Grant Request

Describe how your request meets the Foundation's Guidelines and the ongoing benefit it will have to the District 106 educational community:

IV. Summary of Expenses

Please provide an itemized description of the costs and/or expenses for which you are applying:

Airfare: \$ _____

Hotel: \$ _____

Rental Car: \$ _____

Conference Fee: \$ _____
(Only those not payable by District)

Program Fee: \$ _____

Admission/Entrance Fees:
(Museum, National Park, etc) \$ _____

Local Transportation Expenses:

Mileage: (@ .585 per mile) \$ _____

Parking: \$ _____

Other: (specify) \$ _____

Dues: \$ _____

Total: \$ _____

Please complete this form as thoroughly as possible and forward to:
District 106 Educational Foundation
Teacher Enrichment Grant Committee
1750 West Plainfield Road
LaGrange, IL 60525

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