Application for K-12 Classroom Grant

Puget Sound Mycological Society

To be eligible for this small-grant program the applicant must be representing a **K–12 classroom in Washington State**.

Date:
Amount requested (maximum \$250):
\$
Contact information:
Name:
Title:
Mailing address:
Phone number:
Email address:
School information:
Name of the school:
Location of the school (must be in Washington State):
Grade level(s) participating in the proposed activities:
School contact person (if different from the above contact):
Email and phone number (if different from the above):
To whom should the check be made out and where should it be sent?
Description of the proposed project, event, or other activity:

(In no more than 1–2 pages, describe the proposed project, event, or other activity, including its purpose, learning objectives, principal components, and number of students involved, making clear the items for which grant support is requested.)

Budget estimate for the proposed project, event, or other activity:

Description of item	Quantity ×	Unit cost =	Item total
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL			\$

Agreement:

By submitting this application, I affirm that the information set forth in it is true and complete.

To submit your application:

Email to: grants@psms.org

Thank you for your interest in the PSMS educational grant program!