# K-12 Educational Grant Application

Puget Sound Mycological Society

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Phone Number |  |
| E-Mail Address |  |

## Project Information

|  |  |
| --- | --- |
| Amount requested (up to $200) |  |
| School and location |  |
| School contact info (email and/or phone number) |  |

## To apply, please include the following documents with your application:

* 1-2 page proposal that includes the purpose of the proposed project or lesson, and how the money requested will be used

Note: Only K-12 public or tribal schools located in Washington state are eligible for this grant.

## Agreement and Signature

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

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## To submit your application:

Email to: [grants@psms.org](mailto:grants@psms.org)

### Thank you for completing this application form!