



**APPLICATIONS DUE: MAY 1, 2019**

This cover sheet is required for your grant request to be reviewed.  
**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**LANSING EDUCATIONAL FOUNDATION**

# Building / District Grant Request

Name of Building / District Project or Equipment: \_\_\_\_\_

School / District Department Name: \_\_\_\_\_

Person Requesting Funds: \_\_\_\_\_

*Description of Project:*

Number of Students / Teachers the project will benefit during the 2019/2020 school year: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

*Please attach a picture and ordering information if available and applicable.*

**Thank you for involving the  
Lansing Educational Foundation  
in your educational endeavors.**

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