

Great Place to Learn Grant Application

Complete the application and submit via email to BCEFgrants@bcsd5.org.

	(BCSD Employees to fill out)		(BCEF Use)
Name of BCSD employee submitting application			
Name of BCSD School			
Describe the innovative learning opportunity this grant will provide.			
Describe the plan for accomplishing this learning opportunity			
Impact this learning opportunity will have on students:			
List equipment, materials or othe r expenses necessary to comple te this learning opportunity: (Include the cost of all items. Conference and travel expenses are not eligible)			
Other information you feel will further explain the significance of this opportunity for students:			
Signature of Applicant:		Date:	
Signature for Technical Approval:		Date:	

Signature of Building Administrator:	Date:

THE MISSION OF THE BALL CHATHAM EDUCATION FOUNDATION IS TO RAISE AND DISTRIBUTE FUNDS FOR OPPORTUNITIES THAT ENRICH THE EDUCATIONAL EXPERIENCE AND ENHANCE THE DEVELOPMENT, CREATIVITY AND INNOVATIVE POTENTIAL OF OUR STUDENTS AND STAFF.

