



2017 HEALTH & WELLNESS GRANT APPLICATION

This grant is specifically designed for school nurses, health and physical educators to use for curriculum enhancement ideas in the area of health, wellness, and nutrition. \$500.00 award

Please print legibly.

Applicant Name _____

Building Name(s) _____ Phone _____ Best time to reach you _____

Address (Include City and Zip) _____

Evening Phone _____ Best time to reach you _____

Email Address _____

Project Title _____

Approximate number of students impacted by this project _____

Amount Requested (up to \$500) _____ Other Funding Sources _____ yes ___ no

Source of additional funds _____

Project Summary: _____

Statement of Need: Please state why you think there is a special need for your project and how your students will benefit.

