

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)		
		Best time to reach you
Email Address		
Project Title		
Approximate number of students impac	ted by this project	
Amount Requested (up to \$500)	Other Fu	ınding Sources yes no
Source of additional funds		
Project Summary:		
Statement of Need: Please state why	you think there is a special ı	need for your project and how your students will benefit.

Achievement Criteria: How will you determine whether or not your objective successful? Be specific.	ves have been achieved and your project has bee
Budget Request Detail: Include specific information about kinds of material Please let us know of any additional forms of monetary support currently in foundation to provide funding for tangible items and NOT to fund request the transportation. Attach necessary order forms. LEAF will make purchases if	place for this project. Also, it is the practice of the at are for food/refreshments, speakers, IPad's and
Applicant's Signature	Date
Supervisor's Signature	Date

- For further information or assistance contact the LEAF office 755-3177 or at Lansingleaf@gmail.com
- Please return the application on or before 4:00 pm Friday, February 24, 2017 via courier as faxes are often illegible. Send to: LEAF OFFICE – BEEKMAN CENTER, Room 152.
- Applications will be reviewed on a competitive basis and scored using a rubric which addresses: completion of the application and budget, clarity of statement of need, innovation and creativity, number of students involved or impacted, and strength of evaluation.
- Awards will be distributed at the annual LEAF Awards Event, Tuesday, May 16, 2017, 6:00-8:00 pm at the Country Club of Lansing. Awarded grants must be used by December 14, 2018.