*Norwin S. and Elizabeth N.*

BEAN FOUNDATION

40 Stark Street, Manchester, New Hampshire 03101

603.493.7257 KCook@BeanFoundation.org www.BeanFoundation.org

***Bean Foundation Educational Enhancement Fund***

APPLICATION COVER SHEET

Date:

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Name of Applicant: Telephone #: Email:

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Name and signature of Principal: Name of School:

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Address of School:

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Amount Requested:

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Please respond in the spaces provided.

A more detailed description should be included in the narrative.

TO SUPPORT: (a brief description of proposed project or activities)

PLEASE SUMMARIZE PROJECT OBJECTIVES: (what will be accomplished with the funding requested? If the project is intended to continue beyond the scope of the grant, how will it be funded?)

**APPLICATION COVER SHEET** **Bean Foundation Educational Enhancement Fund**

PROFILE OF APPLICANT

Describe your current position. List your particular interests or areas of specialization.

Student population served

Years in education:

***Project Budget***

Please list the expenses of your project, breaking down into general categories, ie: supplies, transportation, fees, equipment.

Expense:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expense:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expense:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expense:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expense:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TOTAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Also please list any in-kind contributions and their value:

Resource:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resource:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email applications to kcook@beanfoundation.org

Questions should be directed to Kathy Cook at 493-7257 or KCook@BeanFoundation.org.