



**Educator Grant Application**

Application must be postmarked by January 14, 2009. Mail to EPAK, P.O. Box 50542, Palo Alto, CA 94303

Please complete all fields. Receipts must match project description and be submitted by June 2, 2009 to receive future grants.

**Requestor Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Affiliated School \_\_\_\_\_

Position \_\_\_\_\_ Grade Level \_\_\_\_\_

**Application for Funds**

Amount requested (up to \$500) \_\_\_\_\_

The purpose of this grant is for:

Literacy  Math  Science  Technology  Art  Music

Other: \_\_\_\_\_

How many children will benefit? \_\_\_\_\_ Is this the entire cost of the project? \_\_\_\_\_

**Attach a project description and itemized proposed budget using form on next page.**

**Certification and Agreement**

I certify that I am directly responsible for the application for and use of these funds. If I am awarded this grant, I agree that I will

1. Use these funds for the purpose I have stated.
2. Request permission in writing before making any changes.
3. Send original receipts to EPAK for the expenditures made with these funds.
4. Return unused funds to EPAK or request in writing before using them.
5. Leave any books, equipment and materials purchased with these funds with my school or institution if I leave so that the children will continue to have the benefit of this grant.
6. Not apply again until all receipts from prior projects have been sent in.

**Disclosure**

EPAK is required to keep records of your relationship to EPAK board members, officers, or donors EPAK in order to maintain its tax-exempt status.

Please check one:

I am related to \_\_\_\_\_ in this way: \_\_\_\_\_.

I am an EPAK board member.

I am not related to any EPAK board members, officers, or donors.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal or Director \_\_\_\_\_

**P.O. Box 50542 Palo Alto, CA 94303**  
**Email: [info@epak.org](mailto:info@epak.org) Website: [www.epak.org](http://www.epak.org)**  
**Message Phone: (650) 852-9398**



**Educator Grant Application (Page Two)**

**PROJECT DESCRIPTION AND BUDGET ATTACHMENT**

Teacher's Name: \_\_\_\_\_

Affiliated School or Organization: \_\_\_\_\_

Project Description/Educational Objective/s(50-100 words):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Budget (must support your project description and educational objectives):  
 Example: SF Zoo, Child Tickets, 30, \$5.00, \$150.00

Vendor	Item Description	Item Number	Quantity	Cost per Item	Sub-Total
			Tax & shipping:		
			Total:		

NOTE: Please include tax and shipping charges if they apply. EPAK does not fund food, office supplies, furniture, clothing, or salaries.