



STARKVILLE FOUNDATION FOR PUBLIC EDUCATION

SPECIAL PROJECT FUNDING REQUEST

Date: _____

Title of Project: _____

Brief description:

Contact person: _____

Phone: _____ Email: _____

School: _____ Grade level(s): _____ (IF APPLICABLE)

Amount requested: _____ **(Max: \$500) Please attach an itemized budget AND project timeline.**

Beginning date: _____ Completion date: _____ No. of students to be affected: _____

Will this project be implemented if the Foundation does not fund it? No OR Yes, when? _____

Who will fund this project if the Foundation does not? _____

Principal or other school official's approval: _____
Name Signature

Submitted by: _____
Name Signature

Starkville Foundation For Public Education

P.O. Box 2307
Starkville, MS 39760

www.starkvillefoundation.org