



**THE EDUCATION FUND OF WESTFIELD, INC.  
P.O. Box 2221  
Westfield, NJ 07091-2221  
GRANT APPLICATION**

*(Reformatted copies of this application form produced on your computer are acceptable.)*

1. Date of application: \_\_\_\_\_
2. Applicant's name (Contact Person): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number & email address: \_\_\_\_\_
3. School(s) to benefit from grant: \_\_\_\_\_
4. Amount requested: \_\_\_\_\_
5. Are matching funds available? \_\_\_\_\_  
If so, what is the source? \_\_\_\_\_
6. Anticipated start date: \_\_\_\_\_
7. Anticipated completion date: \_\_\_\_\_
8. Please include the following information on a separate sheet and attach to the application: project summary, project objective, background and general goals, details of implementation, how students will benefit from this project, estimated useful life of project and number of students who will be impacted, relationship to existing curriculum, budget, itemized expenses and equipment costs, other resources needed, additional school district resources and costs.  
See attached description of Criteria for Application and Required Information for a Proposal.
9. Signature of building Principal approving the request: \_\_\_\_\_
11. Signature of Assistant Superintendent for Curriculum, Instruction & Program: \_\_\_\_\_

\*Copies will be forwarded to the Superintendent, Business Office, Assistant Business Supervisor of Instructional Technology and subject area supervisor when appropriate.

Please mail the completed and approved grant request application to the above address.  
Please direct any questions to [edfundwestfield@comcast.net](mailto:edfundwestfield@comcast.net)