



Golden Apple Grant Application

Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

Please circle one:

Teacher Staff Administrator Parent Student

Intended use of grant funds (please include an itemized list of costs):

Benefit to Valley Forge Middle School Community:

Requested Dollar Amount: _____

For Committee Use Only:

Date Reviewed: _____

Date Received: _____

Committee Response: Yes/No

Reason why: -----