



Delaware Retired School Personnel Association

PO Box 7262

Wilmington, DE 19803

Partners in Education Grant Application

Send completed application to this address or email to email@drspa.org

School Information:

School Name _____ District _____

School Address _____
Street Address _____ City St Zip _____

Grant Information:

Your Name _____ Email _____ Telephone _____

Proposed Project Title: _____

Project Description:

Project Objectives & Goals (How will this project improve student performance?)

Specific Project Activities

Anticipated purchases with grant funds

Grades served by proposed project _____ Number of children served by project this school year _____

Ability of goods or services purchased with grant funds to be used beyond this school year.

Amount of Funding Requested (\$500 maximum) _____ Total Cost of Project _____

Signatures:

Principal _____ Date _____

You _____ Date _____