

APT GRANT APPLICATION 2011-2012

DATE _____

TYPE OF GRANT: (CIRCLE ONE) STUDENT FACULTY GROUP

NAME OF APPLICANT(S) _____

ADDRESS _____

TELEPHONE _____

ALL COMMUNICATIONS WILL BE VIA EMAIL SO PLEASE PROVIDE APPROPRIATE CONTACT EMAIL ADDRESS FOR THESE PURPOSES

EMAIL _____

FACULTY SPONSOR/DEPARTMENT _____

FACULTY SPONSOR SIGNATURE _____

GRANT AMOUNT REQUESTED _____

BRIEFLY DESCRIBE THE ACTIVITY AND HOW IT WILL ENHANCE STUDENT LIFE AT LFHS. PLEASE ATTACH ALL DOCUMENTATION OR MATERIAL WHICH WILL HIGHLIGHT AND ASSIST IN THE CONSIDERATION OF THE APPLICATION INCLUDING PROGRAM INFORMATION, DETAILED COST INFORMATION, ESTIMATES RECEIVED AND ANY RECEIPTS AS WELL.

SPECIAL DISBURSEMENT CONSIDERATIONS _____

*Applications can be submitted online at allwags@comcast.net or mailed to Susan Wagener, 115 E. Stone Avenue, Lake Forest, IL 60045 OR returned to the APT mailbox in an envelope Marked APT GRANT REQUEST, ATTN: SUSAN WAGENER.