

APT GRANT APPLICATION 2009-2010

DATE _____

TYPE OF GRANT: (CIRCLE ONE) STUDENT FACULTY GROUP

NAME OF APPLICANT(S) _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

FACULTY SPONSOR/DEPARTMENT _____

FACULTY SPONSOR SIGNATURE _____

GRANT AMOUNT REQUESTED _____

BRIEFLY DESCRIBE THE ACTIVITY AND HOW IT WILL ENHANCE STUDENT LIFE AT LFHS. PLEASE INCLUDE DETAILED COST INFORMATION AS WELL. (YOU MAY ATTACH ADDITIONAL MATERIAL IF NECESSARY)

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.

