

An Independent Nonprofit Corp	n Independe	ent No	nprot	it Ci	orp.
-------------------------------	-------------	--------	-------	-------	------

PO Box 255, Sidney Montana, 59270

eaglefoundationinc@gmail.com

Date:		
Name Of Applicant:		
Phone:		
Email:		
Project:		
Total Project Cost:		
Grant Amount Being Requested:		
Have You Requested Funds Previously for this Proje	ect? YES NO	
Have You Requested Funds For this Project from the	e District and been Denied? YES NO	
Have You Sought Funding through Other Sources?	YES NO	
If YES, Please tell us where and how much:		
Signature of Applicant:		
Signature of Building Principal:		
Signature of District for facility improvement project	cts:	
Signature of Activities Director if applicable:		

*** Per District Standards, NO curriculum, even supplemental can be purchased with these funds. All curricular requests MUST be made to the district offices*** ALL changes to building structure MUST be approved by the district offices prior to grant request- signature required***

The Mission of the Eagle Foundation is to promote, maintain, and improve the quality of education in the public schools of Sidney, Montana in ways that would not happen with traditional funding alone.



Describe the project in detail

How does this project benefit the district and or students of Sidney Public Schools?

Explain how this project aligns with the Eagle Foundations Mission.

*** Per District Standards, NO curriculum, even supplemental can be purchased with these funds. All curricular requests MUST be made to the district offices*** ALL changes to building structure MUST be approved by the district offices prior to grant request- signature required***

public schools of Sidney, Montana in ways that would not happen with traditional funding alone.



The Mission of the Eagle Foundation is to promote, maintain, and improve the quality of education in the public schools of Sidney, Montana in ways that would not happen with traditional funding alone.