



Grant Approval Form

*Dr. Jerry Hill Leadership Grants ONLY are pre-approved for submission. Please submit this form to info@sef4education.org with your grant application packet.

Grant Applicant Information

Name _____
School/Department _____
Telephone # _____
Fax # _____
Email _____

Title of Submission _____

Brief Description of Grant

Grant Source Information

Type of Grant _____ Direct Grant
Grant Source _____ Spotsylvania Education Foundation
Name of Grant Provider _____ SEF Dr. Jerry Hill Leadership Grant
Web address of Source _____ <http://www.sef4education.org/>
Mailing Address of Source _____ 8020 River Stone Drive

Fredericksburg, VA 22407
Phone Number of Source _____ 540-834-2500
Fax Number of Source _____ 540-834-2550

Grant Information

Start Date _____
End Date _____
Deadline for Submission _____
Amount of Grant Funds Requested \$ _____
Reporting Requirement No _____

No. of Students benefiting _____
No. of Teachers benefiting _____
Amount of Local Match, if required N/A _____
Focus Area _____

For Grant Office Use ONLY

Date Received

Required Signatures

Grant Application Point of Contact

School Principal/Dept. Supervisor

Grant Coordinator

Technology (if affected)

Human Resources (if affected)

Chief Financial Officer (if affected)

Superintendent/Designee

Date School Board Accepted Grant

Date

Date

Date

Date

Date

Date

Date