

Date Application was Received _____
Date Application was Approved/Denied _____
Date Grant was Paid _____

**EDUCATIONAL GRANT PROGRAM APPLICATION
PRAIRIE QUILT GUILD**

Name of Instructor/Leader to whom award should be made:

Name of School/Organization:

Mailing Address:

Telephone: Work _____ Home _____

E-mail address of applicant: _____

Title of Proposed Project: _____

Requested Amount: _____

Proposed Duration of Project: _____ Start Date: _____

Summary of Project:

Signature of Applicant _____ Date _____

Signature of Teacher's Building Principal _____ Date _____

Return application to: Prairie Quilt Guild
RE: Grant Committee
P.O. Box 48813
Wichita, KS 67201-8813

Detailed Description of Project. Please include class age and size. (use more space if needed)

Educational Goals and Objectives to be met:

Significance of project o quilting or quilt history:

Specific sources and resources to be consulted. All printed material and videos should be identified by title and author. Any consultants should be identified by their qualifications and what you are expecting them to do if they are coming into the classroom.

Time Schedule, include expected start and end dates:

Plans for evaluating goals and objectives, Grant recipients are encourage to report results to Prairie Quilt Guild.

Detailed budget proposal. Be very specific. If durable goods are included in your grant request, please state disposition of those goods at end of project, i.e. sewing machines, serger, irons, ironing boards, etc.