

Clarion-Limestone Area Scholastic Foundation Request

Date: _____

Individual making the request: _____

Building or location: _____ Number # _____

Directions: Please write a short description of the project that you are planning and are submitting for approval. The description must include cost factors, PA Standards, goals, and clear objectives. All requests will be discussed and reviewed by the 501(c) (3) Committee members at their scheduled meeting. (Example: guest speaker, special project-based educational programs, ASL competition). The committee plans on meeting four times per year: fall, winter, spring, and summer. The decision of the committee is final.

Description:

Date Reviewed _____

Approved: _____

Rejected: _____

Comments: _____

All requests must be given to the foundation's President Robert Sawyer (central office mailbox).

- Please use the back of the page if needed.
- Please indicate how many students this request will benefit.
- Thank you and good luck.

The Clarion-Limestone Area Scholastic Foundation supports and fosters enhancement activities and initiatives for kindergarten through 12th grade students in the Clarion-Limestone Area School District that improve their academic and overall well-being.