

SCHOOL PROGRAM SCHOLARSHIP APPLICATION FORM

Sebastopol Grange #306

PO Box 2759

Sebastopol CA 95473

This scholarship program is designed to help support local school programs or projects that further the Grange goals of a healthy environment, sustainable agriculture and food systems and community service.

Name of School _____

Name of School Program or Project _____

School Address _____

Name of Contact Person/Applicant _____

Phone & Email for Contact _____

Requested Amount of Money _____

Time Frame of Project or Program _____

Grange Contact or Connection _____

Please describe in paragraph form the scope of the program or project and how the Grange Scholarship money will be used. Also include who will be involved in the program or project and how it will benefit our students and community. If applicable include a photo.

If we are selected as a recipient of this scholarship, I give my consent to disclose my name and photo for use in press releases and other communications promoting the Grange Scholarship Program. I also pledge to come to a General Grange Membership meeting and speak about the impact of the scholarship and our program or project.

Applicant's Signature _____ Date _____