

Debate/Music/Theatre Grant Application
Kansas City Kansas School Foundation For Excellence
Grant Assistance

Complete all information and submit with the required documents.

Please type or print with blue or black ink pen.

Organization Legal Name _____
Last First Middle

Current Address _____

Phone _____ Current School _____

Grant Amount Request: _____

Please indicate organization achievements. (Attach a second page, if you want to add more information).

School
Clubs/Organizations _____

Community
Clubs/Organizations _____

NONDISCRIMINATION POLICY

Information submitted pertinent to this application shall be held in confidence. No applicant for this grant shall be subjected to discrimination on the basis of race, color, religion, sex, national origin, handicap, or disability in admission or access to the scholarship funds distributed by the Foundation.

I verify that to the best of my knowledge all information reported in this application is correct

Signature _____ Date _____

PLEASE RETURN THIS FORM TO:

Please forward completed applications with requirements via interschool mail or in person.

*Shelley Coulter
Foundation Specialist
4601 State Ave
Kansas City, KS 66102*

Or

*Take to Education Center
4601 State Ave
Kansas City, KS 66102
913.279.2091
Email: shcoult@kckps.org*

Questions concerning this application can be addressed by Shelley Coulter.