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BEAN FOUNDATION

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Bean Foundation Educational Enhancement Fund

APPLICATION COVER SHEET

Please type your response or duplicate this form on your computer.

Date:

Name of Applicant:

Telephone #:

Email:

Name and signature of Principal:

Name of School:

Address of School:

Amount Requested:

Please respond in the spaces provided.

A more detailed description should be included in the narrative.

TO SUPPORT: (a brief description of **proposed project** or activities)

PLEASE SUMMARIZE PROJECT OBJECTIVES: (what will be accomplished with the funding requested? If the project is intended to continue beyond the scope of the grant, how will it be funded?)

PROFILE OF APPLICANT

Describe your current position. List your particular interests or areas of specialization.

Student population served

Years in education:

Project Budget

Please list the expenses of your project, breaking down into general categories, ie: supplies, transportation, fees, equipment.

Expense: _____ Cost: _____

Expense: _____ Cost: _____

Expense: _____ Cost: _____

Expense: _____ Cost: _____

Expense: _____ Cost: _____

TOTAL: _____

Also please list any in-kind contributions and their value:

Resource: _____ Cost: _____

Resource: _____ Cost: _____

Send applications to Bean Foundation Educational Enhancement Fund
Kathy Cook, Grant Manager
40 Stark Street
Manchester, NH 03101