LOWRY ELEMENTARY INNOVATION FUND APPLICATION

APPLICANT INFORMATION TODAY'S DATE: _____

Name(s): _____

Role(s) at Lowry:_____

Primary Contact Email: _____Phone: _____

PROPOSAL INFORMATION

1. What is your idea?

2. What is the expected impact?

3. General schedule of the use of funds (i.e. materials, equipment). Please include any person or vendors who would need to be paid.

4. If you are not awarded funds for this semester, would you like to be considered for next session? ___YES ___NO

- *Please turn in completed applications to the PTO mail slot in copy room by posted deadline.*
- *Email questions to Tina Skewes (tinab0714@msn.com) or Charis Sederberg (charismarie@gmail.com)*