LTEF **Lackawanna Trail Education Foundation**
Enriching + Empowering + Connecting

Application for Support

DATE (MM/DD/YY)**:**

Each application MUST contain, at a minimum, the information listed below. Please write "attached" on the face of this application if any additional materials are included with your request. We recommned reviewing the application guidelines at: www.ltefoundation.org/programs

PROJECT/PROGRAM/CLUB

Name of Project/Program/Club:

Contact Name:

Email: **Phone #:**

If LTSD employee*, at which building/school do you work?

PROJECT/PROGRAM INFORMATION

Overview/Summary:

Describe current/expected number and types of volunteers/educators/parents and students involved:

REQUEST

Type of Support and/or Amount of Funding Requested:

Date/Timeline Support is Needed:

Other Sources of Support/Funding: **I have attached an itemized budget for my project/program**

APPLICATION SUBMISSION TO LTEF

Email completed form rand any attachments to the LTEF Program Committee at programs@ltefoundation.org

*LTSD Employees: Please coordinate with your building principal when preparing. Applications submitted to LTEF will be discussed with your principal(s) and with LTSD administration.