



Community Kindness Grants for Schools Application Form

Act as if what you do makes a difference. It does.

— William James

Applicant Information

School:	School Phone:
Teacher's Name:	Grade or Class:
Teacher's Email:	
Date:	

This project is to be a collaboration between the classroom teacher and the students, working toward establishing a culture of kindness and building a caring community. Inspire your students to use their hearts and minds to address a community need or issue that is meaningful to them, and to learn that we all have something to give – time, talent, or treasure.

Project Information

What is the name of your Community Kindness project? _____

Date(s) it will take place: _____

Give a brief overview description of how the students will use their time, talent, or treasure to make a difference toward addressing a need in our community: _____

How much funding will you require for this project? \$ _____

How will it be used? Provide a breakdown (i.e. Art Supplies \$25, Transportation \$50, Snacks \$25)

What motivated you and your students to develop this project? What were the issues they were concerned about?

What is the expected impact on the students and on the community? _____

Please enter any further details you would like to share: _____

Process

Teachers are asked to submit this application to their Principal for project approval. The Principal is to forward the application to the Community Foundation for final approval. Turnaround time is 1 week for approval from the Community Foundation. Email to: admin@cscf.ca

Principal's Name: _____ Principal's Email: _____

Date Approved: _____

Please remember to collect stories, photos and feedback from students, community members and organizations during your project for reporting purposes.