



**BOERNE EDUCATION FOUNDATION
FALL DISBURSEMENT
CAMPUS FUND APPLICATION FORM**

1. Campus: _____
2. Applicant Name and Position: _____
3. Project Proposed: _____
4. \$ Amount Requested: _____
5. Targeted Population: _____
6. Has this program been previously funded? _____ If so, by whom? _____
7. What was success noted in prior use? _____
8. If you receive partial funding from BEF, will you be able to secure remaining funding? _____
If so, from what source? _____
9. If you receive partial funding, will you be able to implement any portion of this program without any other resource? _____
10. Attach on a separate sheet a typed description of the project that presents a clear and concise description of your proposal. A limited amount of supplemental materials such as a brochure or printouts may be included. The Foundation does not fund materials routinely supported by district funds and generally does not pay for food or beverages as part of any project.

Questions or comments can be directed to Disbursements@BoerneEducationFoundation.org

FOR SITE BASED COMMITTEE USE

1. Campus: _____ Project: _____
2. Amount Requested by Educator: \$ _____ Amount Requested from BEF: \$ _____
3. Is this a BISD Budgetary item? _____
4. Do you recommend this application for funding to BEF? _____
5. Has the amount requested been cut down by the Site Based Committee? _____
If so, will other funds be available to completely fund this project? _____
6. If project is not being fully funded, will requested funds be sufficient to successfully implement program? **Y/N**

Principal

Campus Instructional Goals Member

Date

Campus Instructional Goals Member

Campus Instructional Goals Member