



ARTS COUNCIL OF CALVERT COUNTY

ARTS IN EDUCATION GRANT VOUCHER SCHOOLS FY2013 Grant Requests

BOARD OF DIRECTORS

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SCHOOL: _____

PROJECT TITLE: _____

GRANT AWARD: \$ _____ TOTAL COST OF PROJECT: \$ _____

COORDINATOR'S NAME: _____

COORDINATOR'S PHONE: _____

COORDINATOR'S EMAIL: _____

PRINCIPAL'S SIGNATURE: _____

PRINTED NAME: _____

Checks will be made payable to the school

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

For Arts Council Use Only

Grant Amount \$ _____

Payment in full \$ _____

Check Date _____

Check Number _____

Date Sent _____

Approved by _____