



INOLA EDUCATIONAL ENRICHMENT FOUNDATION APPLICATION FOR PROPOSAL

*(Proposals will be accepted at the beginning of the school year
and every nine weeks thereafter.)*

DIRECTIONS: If an appendix is needed for supplemental material, please limit it to a maximum of three (3) pages.

Title of Proposed Project: _____
Campus: _____ Campus Phone: _____
Total Amount of Request: _____ Date of Proposal: _____
Anticipated Date of Implementation: _____

1. Briefly describe this project and the need for it.

2. Explain how this project meets the instructional goals of the District and/or Campus.

3. What are the major objectives of this project and approximately how many students will benefit?

4. Are you currently a member of the Foundation? Yes ___ No ___

Applicant Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Please print application and return to:

District Superintendent
Inola Public Schools
P. O. Box 1149
Inola, OK 74036

Date Received _____