

PADESTA Grant Application

Applicant (Contact Person): _____

Address: _____

Work Telephone: _____ Home: _____

Project Title: _____

Project Description:

Description of how the project furthers and promotes ASTA ideals:

Starting Date: _____ Completion date: _____

Site of project: _____

Intended Participants: _____

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If applicable, clinician name and amount of honorarium:

Projected Budget (list all anticipated expenses and all sources of expected revenue, including other grants and fees charged).

Costs	Income
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total funds Requested: _____

Send this completed form to: Abigail Zingone
Lewisburg Area School District
1951 Washington Ave.
Lewisburg, PA 17837
grants@padata.org

By signing this agreement, the application agrees to abide by the rules stated above:

Signature: _____ Date: _____

Please include a photocopy of your membership card to this application