TEACHER/CLASSROOM GRANT PROGRAM APPLICATION

P.O. Box 1392
Bakersfield, CA 93302

Please print

Name :			Date:	
School Name:	School District:			
School Address:				
Address where you may be contacted in the summer months:				
Phone Number where you may be contacted in the summer months:				
Amount requested	**$250**	**$500**	**$750**	**$1000**
Project Title:				
Summary of Project: *(you may attach a one page summary)*				
What do you expect to accomplish?				
How will you measure success?				
How many students in program?				
Project Budget: *Please list supplies/materials and equipment and include the cost.*				

I agree ChevronTexaco may share this project and any material created for this project, including publishing or posting on the internet.

Date:_____ Signed_____
Applicant

Signed_____
Principal