North Kingstown Educational Foundation

PRINCIPAL’S APPROVAL FORM

Applicant(s): ____________________________________ Date: ___________

_____________________________________

School: ______________________________________________________

Project Name: _________________________________________________

Total Grant Amt: $_______ Grant Request:   WAVE (under $1000) or TIDE (above $1000)

Grant Feedback

Please check YES or NO for each item. Comments are encouraged but not required

Y ___ N ____ The project supports the curriculum goals of our school.

Y ___ N ____ The project supports the curriculum goals of the North Kingstown School Department.

_____ I, as principal of ___________________________ school, support all information on this application and approve that this grant application be submitted to the NKEF Grant's Committee.

We may contact you for additional information and perspective on the grants submitted.

Principal’s Name _____________________________________________

Principal’s Signature ___________________________ Date _____________