



Community Service Grant

**Application Completed applications must be received on or before
December 15 or April 10 to be considered.**

Community Service Activity Title:

Faculty/Staff Contact Name: _____

School: _____

Telephone Number: _____ E-Mail:

Grade Level/Group: _____ Student Coordinator (if
any): _____

Amount of Funding Requested: _____ Date Required:

Community Service Activity (Please use more space if necessary.) Activity Description:

Goals and Objectives:



Activity timeline and location:

Who are the recipients of this service and how will the recipients benefit?

Fairfield Student Volunteer Information Estimated number of students involved with this activity:

Student selection process:



Education Center Box 220, 501 Kings Highway E., Fairfield. CT 06825, <http://fairfieldptac.org/wp/>
Fairfield Student Volunteer Information (cont'd) Student responsibilities:

How will this activity benefit the student volunteer?

Financial Information

Activity Budget: Please be as specific and complete as possible with this information so that the committee can fairly compare the applications. Feel free to attach supporting documentation.

Budget Cost Description



Education Center Box 220, 501 Kings Highway E., Fairfield. CT 06825, <http://fairfieldptac.org/wp/>
Sources of funding: (Please include any fundraising efforts and who will participate in those efforts.)

Additional Information *Grant recipients are required to submit a final report with receipts. *Any unused funds must be returned. *If there are any changes with this activity (including financial), contact Jeanne Pacewicz immediately.

Faculty/Staff Signature Date

Email Application To: John Convertito PTAC

Johnconvertito@yahoo.com

If you do not receive an email confirmation within 1 week of submitting an application, contact John Convertito