



2018-2019
Multi-student Grant Application

Print Family Name

Please list students by grade order beginning with Preschool.

_____ Print youngest student full name	_____ Grade
_____ Second student full name (Grant value \$375)	_____ Grade
_____ Third student full name (Grant value \$810)	_____ Grade
_____ Fourth student full name (Grant value \$1245)	_____ Grade

We (I) are requesting a multi-student discount for each of the children listed above.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

For Office use only: _____
Total grant amount