

Dr. David Campbell, Mr. Roy Stone, and Dr. Robert Wood

Cumberland County Schools Charitable Fund

APPLICATION

DATE OF APPLICATION: _____ SCHOOL: _____

NAME OF TEAM OR ORGANIZATION: _____

TEAM/ORGANIZATION SPONSOR(S): _____

SPONSOR(S) CONTACT NUMBER: _____

SPONSOR(S) EMAIL ADDRESS: _____

NUMBER OF STUDENT MEMBERS: _____

LIST FUNDING SOURCES THAT SUPPORT YOUR TEAM/ORGANIZATION
INCLUDE ANNUAL DOLLAR AMOUNTS: (examples: Booster Clubs, Gate Receipts,
School Funs, Other Grants, etc)

Funding Source	Amount
	\$
	\$
	\$
	\$
	\$

AMOUNT REQUESTED: _____
(\$500.00 maximum)

SPECIFIC PURPOSE FOR WHICH MONEY IS REQUESTED:

