

Safe/Drug-Free & CHARACTERplus Programs

APPLICATION FOR ACCESSING FUNDS

SCHOOL: _____

PRINCIPAL: _____

CONTACT PERSON: _____

TYPE OF SERVICE: (Please refer to lists of allowable services and use those terms.)

TARGET AUDIENCE: _____ Students _____ Parents _____ Faculty _____ Other

TOTAL NUMBER OF PARTICIPANTS: _____

NAME OF PROVIDER(S): _____

DATE(S) OF SERVICE: _____

NUMBER OF DAYS / LENGTH OF TIME: _____

LOCATION OF SERVICE: _____

EXPENSES: \$ _____ **Registration**

\$ _____ **Other (specify)** _____

ACTIVITY GOAL: _____

METHOD OF EVALUATION: _____

APPROVED: _____

DATE: _____