

THE LOVE HARDER PROJECT, INC
2018
APPLICATION FORM

APPLICANT(S): _____

Please designate the contact person if more than one applicant

PHONE: _____

E-MAIL: _____

WEBSITE: _____

PROJECT DESCRIPTION

PROJECT TITLE/FOCUS: _____

DURATION OF PROJECT: from _____ to _____

AGE OF STUDENTS SERVED AND EXPECTED NUMBER OF PARTICPANTS:

Briefly describe your project/request:

Please include goals of the project, how goals will be achieved and how the project aligns with the vision and mission of The Love Harder Project's.

How does your project meet the funding criteria?

APPLICANT(S): _____PROJECT TITLE: _____

Is there any ongoing benefit that would result from the project?

To the students:

To others:

How will you evaluate or assess this project?

Please estimate your budget:

Be sure to get current costs and/or fees and include all shipping and taxes.

Item(s)	Supplier	Amount
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Signature of applicant

Return completed application to info@loveharderproject.org