

Ticonderoga Alumni Association Sentinel Support Fund Application

Date: _____

Applicant: _____

1. Class/Club/Grades: _____

2. Amount Requested: (\$250 Maximum) _____

3. What are the educational objectives or goals of this activity?

4. How many students will be involved in this activity? _____

5. How will the Ticonderoga Alumni Association funds be used?

6. The completed application should be returned to the Building
Principal for endorsement.

The above activity has school sponsorship and approval.

Principal	Date
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Superintendent	Date
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If the grant is awarded, the applicant agrees to:

- Use Ticonderoga Alumni Association funds only for the purposes described in this application
- Upon completion of the activity, submit a brief report to the Ticonderoga Alumni Association including pictures
- If requested, provide an accounting of expenditures for the funded activity

The Ticonderoga Alumni Association Review Committee Determination

Approved

Not Approved

Ticonderoga Alumni Association, PO Box 650, Ticonderoga, NY 12883 or
email tialumniassociation@gmail.com