



Geological Society of New Hampshire  
Unit #7, PMB #133  
75 South Main St.  
Concord, NH 03301

## Classroom Enhancement Grant

**Name:** \_\_\_\_\_

**Home address:** \_\_\_\_\_  
\_\_\_\_\_

**Home phone:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**School:** \_\_\_\_\_

**School address:** \_\_\_\_\_  
\_\_\_\_\_

**School phone:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**Grade(s) taught (as related to grant):** \_\_\_\_\_

**Approximate number of students or participants:** \_\_\_\_\_

**Equipment or supplies requested, how would it (they) be used, approximate cost and source (you may attach a catalogue clipping):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Semester(s) or school year(s) to be used:** \_\_\_\_\_  
\_\_\_\_\_

**Short statement of how this grant will benefit the classroom participants:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Explain how this grant would meet the stated purpose and mission of the GSNH?**

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**Have you or your school received a grant from the GSNH within the past 5 years? If so, when (year) and for what was the grant money used? \_\_\_\_\_**

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**Would you be willing to share your project with the GSNH at one of our quarterly meetings?** We meet once each season (October, January, and April) and have a field trip each summer. You and/or your students can make the short presentation or even lead us on a field trip! \_\_\_\_\_

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Please **mail this application *and* attach a letter of endorsement on school letterhead from your principal or department head to:**

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**I understand that monies awarded for this grant are reimbursed funds.** You will be notified by the GSNH in a timely manner whether your application has been accepted or denied. Successful applicants can then submit an official, well documented receipt to the GSNH for materials or services for which he or she applied. The GSNH will promptly reimburse the applicant for the amount up to, but not to exceed, the amount of the original application.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Applicant