



Geological Society of New Hampshire  
P.O. Box 401  
Concord, NH 03302

## Classroom Enhancement Grant

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

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

\_\_\_\_\_

**Preferred home, school or work phone:** \_\_\_\_\_

**Preferred home, school or work E-mail address:** \_\_\_\_\_

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

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

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

\_\_\_\_\_

**Subject / grade(s) taught (as related to grant request):**

\_\_\_\_\_

**Approximate number of students that will be affected by this grant:** \_\_\_\_\_

**Describe the equipment or supplies requested, approximate cost and source of materials (you may attach a catalogue clipping):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Short statement of how the requested materials will benefit your teaching:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

See : <http://www.gsnhonline.org/about/about.shtml>

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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 could make a 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 your school letterhead from your principal or department head to:**

**Geological Society of New Hampshire  
Classroom Enhancement Grant  
P.O. Box 401  
Concord, NH 03302-3483**

**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 must then submit an official, well documented receipt to the GSNH showing payment for and receipt of 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 grant application. **Equipment, supplies or materials purchased with this grant become the property of the school district from which the applicant applied.**

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

Applicant