

**SCHOOL STUDY COUNCIL OF OHIO**  
**WALTER B. BARBE SMALL GRANT PROGRAM**

**APPLICANT COVER SHEET**

District name: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Building name: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

**Teacher contact information:**

Name and grade level: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

**Sign off:**

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Typed name of Superintendent or Designee	Signature	Date
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Typed name of Treasurer	Signature	Date
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