## **K-12 Educational Grant Application**

Puget Sound Mycological Society

Contact information	
Name	
Street Address	
City ST ZIP Code	
Phone Number	
E-Mail Address	
Project Information	
Amount requested (up to \$200)	
School and location	
School contact info (email and/or phone number)	
To apply, please include t	he following documents with your application:
<ul> <li>1-2 page proposal that includes the purpose of the proposed project or lesson, and how the money requested will be used</li> </ul>	
Note: Only K-12 public or tribal schools located in Washington state are eligible for this grant.	
<b>Agreement and Signature</b>	
By submitting this application, I affirm that the information set forth in it is true and complete.	
Name (printed)	
Signature	
Date	
To submit your application:	

Thank you for completing this application form!

Email to: <a href="mailto:grants@psms.org">grants@psms.org</a>