ISSAQUAH SCHOOLS FOUNDATION

Classroom Enrichment/Kateri Brow
SIGNATURE PAGE

PLEASE PRINT, SIGN AND SCAN THIS FILE
TO UPLOAD TO GRANT APPLICATION PAGE

Name of Grant:_____

Applicant Signature _____

Date _____

I have reviewed and approve the submission of this grant.

Principal or Program Director Signature _____

Date _____

Application is DUE JANUARY 10, 2018