



**Friends of Montebello Unified School District Foundation
Application for Funding**

Date: _____

Name of Applicant: _____ Email: _____

Are you a: () Teacher () Counselor () Classified () Administrator
() Parent () Other _____

Name of School: _____ Phone Number: _____

Amount of Funding Requested: \$ _____ (please attach quote)

Number of Students Served by Funding: _____ Grade Level of Students: _____

Please summarize how the funding will be used (use back of page if needed):

Please provide a budget for this project/activity (use separate page).

How will the funded project/activity be evaluated? _____

Does this project/activity conform to MUSD Board of Education Policies/Administrative Regulations? ___Yes ___No

Have you sought out other sources of funding for this project/activity? ___Yes ___No

If YES, what other sources have been sought? _____

Will the Montebello Unified School District provide appropriate insurance for this project/activity (if needed)? ___Yes ___No

Please check the type of instructional program in which this project/activity will be utilized:
() General Education () Pathways () Extra-Curricular

Signature of Applicant: _____

Signature of Administrator/Principal: _____

Approved: _____ Denied: _____ Date: _____

Please submit this application to: FMUSDF c/o Daisy Gonzalez, DO
email: fmusdfoundation@gmail.com or gonzalez_daisy@montebello.k12.ca.us
phone number: (626) 667-0672