



Monrovia Reads
Grant Application

Date: _____

Name _____

Address _____

Email address _____

Home Phone _____

Mobile Phone _____

Work Phone _____

Please state the amount of money requested or book title and quantity:

NOTE: If request is for books, the books MUST be given to the students for their personal home libraries.

What other organizations support this program/project or to what other organizations will you be submitting grant applications? _____

For Monrovia Unified School District applicants, have you submitted a grant request to the Monrovia Schools Foundation? ___ Yes ___ No

On a separate sheet of paper, describe the purposes for which this grant will be used, who will benefit from this grant, and how the successful implementation of the grant will be measured.

For Monrovia Unified School District applications, Principal's approval is required

Principal's Name _____ Principal's Signature _____

Grant applications must be received not later than 5:00 PM the Monday before the last Wednesday of the month. Grants may be submitted as follows:

- PO Box 1033 Monrovia, CA 91017
- Email: soallmayread@monroviareads.org

Within 30 days of the completion for which the grant funds were received, please provide a written report detailing how said grant was successfully implemented: Please include detailed information such as number of children served, reading level improvement, etc. If the funds were used for a project, pictures should accompany the report.