

**2021 RCSWMA SCHOOL GRANT**

Date of Application \_\_\_\_\_

Name of School \_\_\_\_\_

Contact Person \_\_\_\_\_

Address (principal/administrative office) \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

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Project Goals: \_\_\_\_\_

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\_\_\_\_\_  
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Beginning and Ending Dates of the Project/Campaign \_\_\_\_\_

Attach pictures of the project to this application

Printed Name and Signatures

Student \_\_\_\_\_ Date \_\_\_\_\_

Teacher/Principal \_\_\_\_\_ Date \_\_\_\_\_

Email applications to: [ehale@richlandrecycles.com](mailto:ehale@richlandrecycles.com) or fax to 419-774-6330