## **2026 RCRSWMA SCHOOL GRANT APPLICATION**

Email completed application to: <a href="mailto:ehale@richlandrecycles.com">ehale@richlandrecycles.com</a> or deliver to address at end of app. Applications must be received no-later-than April 3, 2026.

Date of Application	Date Application	Received
Name of School		
Contact Person		
Contact Person Email		
Contact Person Phone Number		
Address (Principal/Administrative Office)		
City	Zip	Ohio
Project Name		
Student Group and/or Representative(s)_		
Printed Name and Signatures:		
Student Representatives	<del></del>	
		Date
Teacher/Principal		Date
		Date

## **Project Summary:**

(Provide a summary of your project proposal. Include specific details, timelines, intended impact for your community, student involvement, and how your project relates to reduce, reuse, and recycle.)

Beginning and Ending Dates of the Project/Campaig	n:
Beginning Date	Ending Date

Please provide attachments or copies and photos of your supporting materials/activities when submitting your grant. Supporting documentation is a requirement of eligibility. Please complete the photo release at end of form for all individuals in photos. If the current grant supports or promotes an existing program, please provide before and after photos.

Email completed application to: <a href="mailto:ehale@richlandrecycles.com">ehale@richlandrecycles.com</a>. Applications may also be delivered to Richland County Solid Waste, 1125 National Parkway, Mansfield, OH 44906. Attention: Eddie Hale. Applications must be received no-later-than April 3, 2026. For questions or concerns regarding your grant application, please contact Pete at 419-774-5861 or <a href="mailto:pporter@richlandrecycles.com">pporter@richlandrecycles.com</a>.

## **Media and Photo Consent Form for Minor Child**

The Richland County Regional Solid Waste Management Authority Grant Entrants agree to have his/her name and photo published and used in Richland County Solid Waste's (RCSW) marketing efforts, including social media, press releases, newsletters or any other communications.

I am the parent/guardian of	ssion to use my child's photo relates to the promotion of F right to inspect the material rial is to be used solely for the	RCSW without payment or any other used in publications prior to its use in e promotion of RCSW's marketing, which
I represent that I am at least eighteen (18 understand this is a release of legal rights	• • • • • • • • • • • • • • • • • • • •	competent to sign this Release. I
PLEASE CHECK ONE OF THE BOXES BELOV	W BEFORE SIGNING YOUR N	AME(s):
☐ CONSENT: I hereby certify that We/I ar hereby give our/my consent without rese		• •
☐ NON-CONSENT: I hereby certify that V do not hereby give our/my consent without your child in the photo so he or she can be	out reservation to the forego	•
by	and as	
**********	********	***********
		Date:
(Parent/Guardian's Signature)		
(Parent/Guardian's Printed Name)		
	Email Address:	
(Primary Phone Number)		

## **Media and Photo Consent Form for Adult**

The Richland County Regional Solid Waste Management Authority Grant Entrants agree to have his/her name and photo published and used in Richland County Solid Waste's (RCSW) marketing efforts, including social media, press releases, newsletters or any other communications.

I (print full name of adult)	am of legal age. I hereby grant
RCSW the absolute right and permission to use my plany lawful purpose that relates to the promotion of Furthermore, I waive any right to inspect the materia understanding that the material is to be used solely f	noto and/or digital image as it relates to the RCSW Grant for RCSW without payment or any other consideration.
I represent that I am at least eighteen (18) years of a understand this is a release of legal rights.	ge and am fully competent to sign this Release. I
PLEASE CHECK ONE OF THE BOXES BELOW BEFORE S	IGNING YOUR NAME(s):
☐ CONSENT: I give my consent without reservation.	
□ NON-CONSENT: I hereby do not give my consent. I out. I am identified in the photos	Please identify yourself in the photos so you will be blacked
by	and as
************	**************
	Date:
(Signature)	
Email Addro	ess:
(Primary Phone Number)	