

						Phone	Number		
II N	Alternate Phone N	lumber		Ema	il				
	Name of School				School District				
	Mailing Address			Cit	у		State	Zip Code	
III S	School Principal								
F	Phone Number		Em	nail					
IV S	Start of School Yea	ır		End of Sc	hool Year				
<b>V</b>	Description of Classroom								
١	Number of students in classroom for the upcoming year.								
A	Age/Grade Level of Students								
L	List of conditions of the students (Please be specific)								
VI L	List of all tablet devices or technology aids currently in classroom								
H	How many iPads are being requested? (Request is subject to UAF availability of devices.)								
ls	Is the school willing to match the grant? Yes No If so, how many? (i.e. If given an iPad, will school purchase an iPad also for the class								
٧	What budget has the school allocated for the purchase of apps for <b>your classroom</b> ?								
VII A	Approximate median household income for school:								
	0 - \$25,000	\$50,000 - \$75,000 \$100,000 - and over							
	\$25,000 - \$5	\$75,000 \$75,000 - \$100,000							
VIII N	Name of member	sponsor* (REG	QUIRED)						
*1	Member-sponsor is a member of	of United Angels Found	lation who also has a ch	ild in your classroo	om for the upcoming gran	nt year. Membership	is available at v	www.unitedangelsfoun	dation.org and is FREE
F	Phone Number			Email					

