



Turner USD Grant Approval Form
To be submitted with Grant Application

1. Person(s) Filing for Grant: Mariah Bush Application: _____
 2. Building/Department: Oak Grove Elementary New
 3. Phone Number: (913) 288-3900 Renewal
 4. Email: bushm@turnerUSD202.org Continuation
 5. Grant Title: Low Lamp Lights for Bright Growing Minds!
 6. Granting Agency: donorschoose.org
 7. Grant Website: " "

8. Grant Period: / / (start date)] 40 day fundraising period
 / / (end date)

9. Grant Summary:
With my grant I am helping to provide students with a calming and productive work environment with lamps, low lighting, and an essential oil diffuser.

10. Required Matching Fund: Yes No

If yes, list name of party agreeing to match funds and the amount required.

Name: _____

Amount: _____

Additional Notes:

Required Signatures	
Building Principal Signature: <u><i>James [Signature]</i></u>	Date: <u>3/7/24</u>
Applicant Signature: <u><i>Mariah Bush</i></u>	Date: <u>03/01/24</u>
Supervisor of Business Services: _____	Date: <u> </u> / <u> </u> / <u> </u>
Asst. Superintendent of Student Services: _____	Date: <u> </u> / <u> </u> / <u> </u>
Board of Education President: _____	Date: <u> </u> / <u> </u> / <u> </u>