



To ignite endless possibilities through partnership and support of pre-Kindergarten through grade 12 learners in Southeastern Washington State.

## Dream Builders' Educational Foundation Proposal Application

Information entered below is confidential and is only made available to Dream Builder's personnel.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Occupation: Teacher      Administrator      Student      Parent

Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Day Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of District: \_\_\_\_\_

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

Name of Proposal: \_\_\_\_\_

Dollar Amount Requested (Please attach budget): \_\_\_\_\_

Number of Students Involved: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Proposal Duration: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_





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**6. What do hope to learn through this proposal?**

**7. How will you provide Dream Builders Educational Foundation with updates and the results of your proposal? Ie. Video, written report, live presentations, etc?**

**8. How did you hear about Dream Builders Educational Foundation?**



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**PROPOSAL BUDGET**

*Please attach any brochures, pamphlets, registration forms or other relevant documents*

**PROPOSAL NAME:** \_\_\_\_\_

ACTIVITY	COST

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**I/We certify that, to the best of our knowledge, data presented in this application are true and correct. The activity has been reviewed, approved and authorized by the governing body of the applicant, and the applicant will provide any required documentation when requested.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature of Authorized Governing Official**  
**(e.g. Superintendent, Principal, District Business Manager )**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Phone Number**

**PLEASE SUBMIT TO: DREAM BUILDER'S EDUCATIONAL FOUNDATION  
3918 W COURT STREET  
PASCO, WA 99301  
FAX: 509.544.5795  
EMAIL: [ADONLON@ESD123.ORG](mailto:ADONLON@ESD123.ORG)**