



**The J.L Warren Fund Grant Application for
Wake Forest High School**

Project Title: _____

Project contact person: _____

Contact person's role within the school: _____

Email address: _____ Phone #:(____) _____

Project Summary:

In a few sentences please describe the objective of this project: _____

Please tell us who will most benefit from this project and how (Teachers, Students, Staff): _____

Project Approval Deadline _____ (if there is one).

When do you anticipate that this project will begin? _____

When do you anticipate that this project will end? _____

Total Project Cost: _____

Requested amount: _____

To whom will the funds be allocated:

Name: _____

Address: _____

City _____, State _____ Zip _____

Please complete this form and return it to *The Trentini Foundation*, c/o Rob Craig, rob@northwake.com or 1212 South Main Street, Wake Forest, NC 27587