



Dan Wolz Adopt-a-School Grant Application

Name of School: _____

School Address: _____

Teacher's Name (contact person): _____

Contact Phone Number: _____

Contact Email Address: _____

Grade Level: _____

Project Title: _____

Project Date or Date Range: _____

Funding Use: (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Laboratory Equipment | <input type="checkbox"/> Conference/Workshop | <input type="checkbox"/> Education |
| <input type="checkbox"/> Vegetation Planting | <input type="checkbox"/> Stream/Habitat Enhancement | <input type="checkbox"/> River Clean-up |
| <input type="checkbox"/> Bus Transportation | <input type="checkbox"/> Other: _____ | |

Who will be presenting to your classroom? _____

Amount Requested: \$ _____

Grant recipients must take a WRRF (Water Resource Recovery Facility – Wastewater Treatment Plant) tour or do a water related project. Ideally, doing a tour of your local WRRF is best but we understand that may not be possible.

For more information about filling out this application, call MWEA at 517-641-7377 or email at mwea@mi-wea.org.