

Keely Spinelli Education Grant Amendment

School: _____

Grant Type: _____

Contact: _____

Amount Awarded: _____

Phone: _____

Date Submitted: _____

Email: _____

**Original
Request:**

**Revised
Request:**

Estimated Students to be Served: _____

Submitted by: _____

Date: _____

Approved by: _____

Date: _____

**Please submit this form with invoices totaling amount indicated above.*