

## **Joseph P Cory Foundation Gardens of Hope Grant Application**

JOSEPH P CORY FOL	INDATION			
		Applicant Inforn	nation	
Club Teacher Name:				Date:
	Last	First	M.I.	
School:				
	Name and Street Addres	S		
	City		State	ZIP Code
Phone:		Email_		
o Ou Se	r school has a garden, e below for an opportu	e a garden; however, we welcome but it needs refurbishing and pos nity to elaborate  Your Garden or Why You	ssible amendments.	eceive This Grant
		Education		
implement a our curricul Foundation been a part Medicine's The Joseph	a brief pre/post assess um. This is accomplish staff. This curriculum I of this program for se MD/MPH program, its a P Cory Foundation is	anting of a "Garden of Hope", the ment survey to students, and pro ed during club time, by either the has already been implemented in veral years. The Foundation work ourpose: To show the efficacy an an official partner of the School Eotion Task Force, and member o	vide (or have our staff per teacher or a member of the District, and several s with the University of d impact of the school of District of Palm Beach Co	rovide) select lessons* from f the Joseph P Cory il elementary schools have Miami Miller School of gardens on student health.
		Disclaimer and Si	gnature	
information	required by Mrs. Co	Garden of Hope, I understand ory and the Joseph P Cory Fo I stewardship. Applications ope	that our acceptance roundation. All applicar	nts must adhere to program

of each school year to be considered. For questions, or to submit an application: info@josephpcoryfoundation.org.

info@josephpcoryfoundation.org

\_\_\_\_\_ Date: \_\_\_\_\_

EIN# 47-5340787

Signature: \_