

DISTRICT 57 EDUCATION FOUNDATION GRANT REQUEST

Date: _____

Applicant's Name(s): _____

Phone Number: _____ E-mail: _____

School: _____

Relationship to School: _____

Amount Requested: _____

(Please include whatever backup you need to ensure this request provides the necessary detail to be evaluated.)

1. Grant request description (please include a brief description, the goal of the project, how you envision it, and how it will positively impact students. Attach additional pages if needed)

Description:

Goal/Impact:

2. The goals of the Education Foundation are to “Promote wellness and support technology and curriculum initiatives”. Which category does this request fall into:

A. Wellness_____ B. Technology_____ C. Curriculum_____

***If this request is for a technology related item, did you discuss this proposal with Mark Fijor and get his feedback? (Please submit this request to him before Dec. 1st)**

Yes _____ No _____

***If this request is for a curriculum related item, did you discuss this proposal with Kristin Vonder Haar and get her feedback?(Please submit this request to her before Dec. 1st)**

Yes _____ No _____

3) How many students, teachers, and administrators will be impacted by this project/request?

If the grant is approved the Education Foundation requests a brief update on the success of the project/grant.

4) How will you evaluate the effect of the project/request on your students' learning?

5) Principal's Comments: (Please include how you will evaluate the success of this project request on the students' learning)

Additional Information:

Please Note

- Additional documentation or images may be attached to your email as necessary
- Principal's comments are for review purposes and do not indicate approval of grant