

Whitnall Schools Foundation

Leading Edge Grant Application

Applicants Name _____

School _____ Position _____

Phone _____ E-Mail _____

Project Title _____

School Year _____ Grade Level(s) _____

Budget Request \$ _____ Number of Students Involved _____

Applicant's Signature _____

Building Principal's Signature _____

Date and Time Application Received _____

Please return the completed application with appropriate signatures to the Whitnall District Office by the deadline of the Timeline Schedule which is as follows: *January 31st, March 31st, and October 31st.*

For clarification purposes, you may refer to the "Grant Application Criteria" insert. If you have further questions, feel free to contact Phil Hickman, Whitnall Schools Foundation, Appropriations Committee Chair at 425-0915.

1. Write a one paragraph summary description of the project (to be used for appropriations committee, board of directors, and news releases).

2. State the goals and objectives of this project.

3. Why do you think there is a need for this project?

4. Describe the program of activities and corresponding timeline for this project.

5. Approximately how many students will be impacted by this project? Explain your approximate number by classes, selected groups of students, or students from various classes or grade levels.

6. What methods or activities will be used to determine that the objectives of the project have been met and it is a successful venture? Describe any specific measurement or follow up methods.

