



**SWASDF**  
**SOUTH WILLIAMSPORT AREA SCHOOL DISTRICT**  
**FOUNDATION**

**GRANT APPLICATION**

\_\_\_\_\_  
APPLICANT(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
PROJECT TITLE

\_\_\_\_\_  
GRADE LEVEL/DEPT.

\$\_\_\_\_\_  
AMOUNT OF REQUEST

***TYPE OF GRANT:***      *Please review the accompanying descriptive information before completing this form.*

Please choose one:

**Educator-in-Residence Grant**

*If you are requesting funds for an Educator-In-Residence grant, please provide information about the educator. Include a resume or information brochure, if possible.*

**Venture Grant**

-----

**Write a one-paragraph description summarizing the project you are proposing:**

**Expected start & completion date:**

**Please answer the following questions. If you need additional space, you may attach pages to this application.**

1. What intended outcomes would you like to see from this project?
2. How does this request enhance your curriculum/support specific standards?
3. How are you going to execute the project? Discuss methods, needed materials, resource personnel.
4. Who will benefit from this project? (Include the estimated number of students, grade level, teachers, parents, community people, etc.)
5. Please provide a project budget. Be sure to include all costs, including lodging, travel, meals, honorarium, etc.

| <b>ITEM</b>                                   | <b>SUPPLIER</b>  | <b>COST</b> |
|---|------------------|-------------|
| <i>Example:</i><br>6 "Learning to Read" Books | ABC Book Company | \$33.00     |

6. Do you have any other sources of funding for the project? If yes, please describe.
7. EVALUATION - How will you determine whether your objectives have been achieved? **You will be required to write a one-page evaluation at the conclusion of your project.**
8. Will this project be repeated? If so, how will it be funded in the future?

***PLEASE NOTE: Any unused money, along with your financial report and receipts, must be returned to the school's Business Office within two weeks of the conclusion of your project. The Business Office will forward this report to the Foundation for their records.***

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DEPT. HEAD SIGNATURE(SECONDARY)

\_\_\_\_\_  
 HOME PHONE NUMBER

\_\_\_\_\_  
 BUILDING PRINCIPAL SIGNATURE

\_\_\_\_\_  
 E-MAIL ADDRESS

\_\_\_\_\_  
 SUPERINTENDENT SIGNATURE

**Return your proposal by April 1 or October 1 to:**

Superintendent  
 Rommelt Building  
 515 W. Central Ave.  
 South Williamsport, PA 17702-7206