

## SOUTH WILLIAMSPORT AREA School District

## EITC GRANT APPLICATION

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant |  | Date |  |
| School |  | **Title** |  |
| Grade / Dept |  | **Amount ($)** |  |

TYPE OF GRANT:

**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.*

SYNOPSIS

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

PROGRAM DETAILS

**Expected start & completion date:**

**What intended outcomes would you like to see from this project?**

**How does this request enhance your curriculum/support specific standards?**

**How are you going to execute the project? Discuss methods, needed materials, resource personnel.**

**Who will benefit from this project? (Include the estimated number of students, grade level, teachers, parents, community people, etc.)**

**Please provide a project budget. Be sure to include all costs, including lodging, travel, meals, honorarium, etc.**

|  |  |
| --- | --- |
| Item Detail | Cost |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Cost |  |

**Do you have any other sources of funding for the project? If yes, please describe.**

**Will this project be repeated? If so, how will it be funded in the future?**

*EVALAUTION*

**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.**

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 First Community Foundation Partnership of Pennsylvania for their records.

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APPLICANT SIGNATURE DEPT. HEAD SIGNATURE (SECONDARY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE NUMBER BUILDING PRINCIPAL SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS SUPERINTENDENT SIGNATURE

Please return your proposal to Dr. Mark Stamm, Superintendent**.**