

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.

Venture Grant

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	ng 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 of one-page evaluation at the conclusion of	bjectives have been achieved? You will be required to write a f your project.
school's Business Office within two weeks	with your financial report and receipts, must be returned to the s of the conclusion of your project. The Business Office will ty Foundation Partnership of Pennsylvania for their records.
APPLICANT SIGNATURE	DEPT. HEAD SIGNATURE (SECONDARY)
HOME PHONE NUMBER	BUILDING PRINCIPAL SIGNATURE
E-MAIL ADDRESS	SUPERINTENDENT SIGNATURE

Please return your proposal to Dr. Eric Briggs, Superintendent.