

SKSR EDUCATOR GRANT APPLICATION 2023-2024

Applicant's Name:

Applicant's District Email:

Staff/Grade Level Position:

School Name:

School District:

School Address:

Office Phone Number:

Principal's Name, **including title (Dr., Mr., Mrs., Ms.):**

Principal's **Signature** and **date**:

Principal's Email:

Day and Time of Regular Staff Meetings:

Do you typically attend the staff meetings: Yes: ___ No: ___

Estimated number of students involved or impacted. Consider both initially
and long-term:

Requested Amount (up to \$300):

Does the above amount totally fund your request? Yes___ No___

If No:

Are you able to partially fund this request through other sources? Yes___
No___ NA ___

Will you seek/have you sought supplemental funding? Yes___ No___ NA ___

Explain the reason for your request. Include how this is connected to a curricular area of study or a school-wide goal/program. Use as much space as needed to explain this fully.

How will the grant money be used? How will you/your students interact with the item(s). Use as much space as needed to explain this fully.

Explain the intended impact of the grant on your students and how you will measure that impact. Use as much space as needed to explain this fully.

Compile an itemized budget. Please provide specific items, quantities, vendors, and prices. (For example, “5 copies *I Survived the American Revolution* [Scholastic] @ \$4.99 totaling \$24.95” instead of “classroom books totaling \$250”) If requesting money to cover transportation cost, use your district’s formula (e.g., number of students per bus, mileage, driver time, etc.)

Applications that do not include an itemized budget will be returned.

Qty.	Items/[Vendors]	Cost per Item	Total
Subtotal			
Shipping/Handling			
Tax			
Total Cost of Project			

Add more rows to the budget table if needed.