



WESTLAKE ACADEMY COMMON GRANT APPLICATION

NOTE: Review of proposals by the Foundation and HOC Boards is anonymous. This cover sheet WILL NOT be included as a part of the selection process. Consideration will be based entirely on the proposal. Application must be TYPED.

Name of Project Chair (limit to one name only): _____

E-mail Address (required): _____

Telephone (required): W: _____ H/C: _____

Is this a team proposal? Yes (If so, list names below.) No

What level? Academy PYP MYP DP

Team Members _____

Title of Grant: _____

Date(s) of Grant: Start Date: _____ Completion Date: _____

Total Dollar Amount Requested: \$ _____

Applicant Signature: _____ Date: _____

Section Principal Signature: _____ Date: _____

Executive Principal Signature: _____ Date: _____

**** Will this project be recurring or have ongoing expenses after the grant period ends? YES NO**
If YES, Superintendent's signature required.

Superintendent Signature: _____ Date: _____

Please submit original and three (3) copies of completed application to:

**Dr. Shelly Myers
Foundation Office
(in Gym Building)**

DO NOT FAX OR EMAIL

For ADMIN Use Only:

Date Received _____

Code _____

Additional Information Requested:



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Do NOT include applicant names on this application.

DIRECTIONS: TYPE in 11 pt. Times font. If an appendix is needed for supplemental material, such as research support or conference brochure, please limit to a maximum of three (3) pages. **Please keep page alignment.**

Title of Grant: _____

This Grant is for: Professional Development Asset Acquisition Technology Other

Beginning Date of Grant: _____

Completion Date: _____

Total Amount of Request: \$ _____

Date of Grant Submission: _____

1. Briefly describe the purpose and major objectives of this Grant. **(20 pts.)**

2. Explain how this Grant meets the Academy's mission/vision. **(15 pts.)**

3. How will participation in this Grant be beneficial to the Academy, teachers and/or students (make note of how many students will be affected). **(15 pts.)**

4. Describe your plan for sharing information from this Grant with other educators/administrators at the Academy. **(15 pts.)**

5. Describe how you will evaluate the success of this Grant (include how classroom instruction will change because of the Grant). **(10 pts.)**

6. Is there any current educational need directly addressed by this Grant? If so, explain. **(10 pts.)**

7. Please list your budget details **in order of priority**. Please include copies of any documentation/registration materials that might provide additional information/insight to the review committee. You may also include an estimated dollar amount for purchasing materials at the conference that will be used and shared with Westlake Academy staff upon your return. **(15 pts.)** *NOTE: If this Grant is funded, copies of all invoices and receipts will need to be attached to a written financial report and returned to the Westlake Academy Foundation within fifteen (15) days of the conclusion of the Grant.* Any change to the budget amount approved or expenditure for items other than those requested must be submitted to the Foundation Board for approval.

EXPENSE DESCRIPTION	SUPPLIER	COST/FEE	QTY	TOTAL

TOTAL REQUESTED \$ _____

Is partial funding useful to you? _____ If so, what is the minimum useful amount? _____

If this request represents less than 100% of the funding needed for your project, what percentage is covered by this request? _____% Has the remaining funding been secured? Yes No

Technology Specific Question (Do not answer this question unless this is for Technology funding):

8. Describe the training and implementation plan for this technology Grant.