



VENTURE GRANT APPLICATION FORM

APPLICANT(S)

Click here to enter text.
DATE RECEIVED

Choose an item.
SCHOOL

Click here to enter text.
PROJECT TITLE

Click here to enter text.
GRADE LEVEL/DEPARTMENT

Click here to enter text.
BUDGET REQUEST

*The Glendale Education Foundation has decided (*on a trial basis) to offer two highly-competitive **\$1,000 "Venture Grants"** to each school (\$2,000 budgeted for both elementary and high school). **The focus of these grants are identical to our "Challenge Grants for Teachers": original, unique, student-based proposals for projects that are not necessarily school district-funded.** The difference is that with this grant you truly need more funding than the \$500 of a regular grant: higher-level equipment, resource (presenter) charges above average fees, field trip expenses higher for bus transportation, tickets, etc....)*

Other requirements:

- A teacher applicant can only be a part of only one grant per application/year (including Challenge Grant...)*
- You need all required signatures for accountability and all deadlines must be met!*
- Any unspent money must be returned to the Glendale Education Foundation when you complete evaluation.*
- Any items or equipment purchased with this grant become the property of Glendale School District.*
- Photographed documentation of student project activities are mandatory (on a USB card or CD)*

PROJECT SUMMARY: Write a clear description of what exactly you plan to do with these expanded grant funds—showing evidence of planning and budgeting

Click here to enter text.

Please answer the following questions in detail: (*IF you need additional space, please attach pages)

1. **NEED:** Explain why you think there is an essential need for this project due to a curricular-based rationale. How will this project enhance student learning and address PA Standards?

Click here to enter text.

2. **PROJECT DESCRIPTION:** In some detail, discuss methods, use of needed materials (or resource personnel), a tentative schedule of activities and your planned completion date.

Click here to enter text.

3. **IMPACT:** Approximately how many students will be impacted by this project, and how your project/activity will enhance or augment student learning?

Click here to enter text.

VENTURE GRANT SIGNATURE PAGE:

APPLICANT SIGNATURE

DEPARTMENT HEAD SIGNATURE (Secondary)

BUILDING PRINCIPAL SIGNATURE

- YES – I have reviewed/approved this grant project
- NO – I have not had a chance to review project

Return your **ORIGINAL** and **3 COPIES** of your **VENTURE GRANT Proposal** before **October 1st** to the Foundation mailbox in the high school office!

Thank you for submitting this proposal to enhance student learning for your students!!

Questions? Email Richard Snyder at: rsnyder@gsd1.org

*Should your **Venture Grant** be awarded, you will receive a check for your estimated total **in your name** on **November 1st**.*