Solanco Education Foundation

Teacher Venture Grant Application

Teacher Name _____ Date _____

School _____ Grade Level/Department _____

Project Title _____

I am applying for funding for: __ Fall Semester 2016-2017 __ Spring Semester of the 2016-2017 school year.

Please review and provide responses to the following five requests, and attach the responses to this application form. All of the responses should not be more than one page in length.

1. Write a brief summary of the project. Explain how the project and materials to be funded by this grant will provide students in your class/grade/building with educational opportunities that are not included in the regular academic program.

2. Discuss methods, needed materials, and resource people for your project. Does your project include specialized instruction materials and presenters that are not part of your school's regular academic program? (Monies from Teacher Venture Grants cannot be used to fund salaries.)

3. How many students/people will benefit from the project?

4. Provide your project budget, including specific information regarding materials and their costs for your project.

5. Provide a timeline for your project. Projects must be completed by June 30, 2017.

YOU WILL BE REQUIRED TO WRITE A ONE PAGE EVALUATION OF YOUR PROJECT FOR SUBMISSION TO THE FOUNDATION AT THE PROJECT'S COMPLETION.

_____ _____

Applicant Signature Date Principal Signature Date

(All Teacher Venture Grant applications will be reviewed by the Solanco School District's Assistant Superintendent, Assistant Business Manager, Technology Director, and other appropriate district administrators, before approval by the Solanco Education Foundation.)

SEF Official Use Only

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Submit completed application to:

Keith Kaufman
SEF Executive Director
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