Green Bay Area Public Schools Educational Endowment Fund
Application for Financial Assistance

Name of School:_____

Address:_____ City/State/Zip:_____

School Phone:_____ School Fax:_____

Applicant's Name & Title:_____

Title of Project:_____ Amount Requested: $_____

The Endowment Fund consists of five component funds. Please select all that apply:

- ❑Innovative Educational Initiatives
- ❑Enriched Learning Opportunities
- ❑Facilities and Technology Enhancement
- ❑Arts and Libraries
- ❑Emerging Needs

Please <u>type</u> or <u>clearly print</u> answers to the following questions in the spaces provided.

1. Elaborate on the specific activities that will occur during the project.

2. Articulate the expected educational benefit to the students. What standard/benchmark in the curriculum connects with this project and how?

3. Describe the students that will be involved in this project (number of students, grades, diversity and income information, if known). Explain their role, if any, in shaping this project.

4. Provide a brief explanation of how you intend to use the funds requested.

_____ _____

Signature of Applicant *Date* *Signature of School Principal* *Date*