

Side Kick Foundation Teacher Grant Application

PART ONE: BASIC INFORMATION

Grant Request

Name of Project: _____

Teacher Name _____

Approximate cost of materials requested _____

Subject/Grade Level in which materials will be used _____

School Information

School Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Performance

According to your most recent data what percentage of your students are at or below grade level_____

For high school indicate your most recent proficiency data (include only levels 3 and 4)_____

The course I am requesting supplies for does not have a state testing requirement _____

Authorization

I have read my staff members proposal and support the request for supplies.

Principals Signature

Print Name

Date

Teachers Signature

Print Name

Date

PART TWO: GRANT PROPOSAL

Course Name/ Grade Level _____

How long have you been teaching this course/grade level _____

Number of Students impacted _____

Will the items be reusable for the next semester or school year _____

Budget : Please use the table below to outline the specific items you need, the quantity you will be requesting, and the approximate cost of each item

ITEMS REQUESTED	QUANTITY	APROXIMATE COST

TOTAL COST \$ _____

Briefly tell us why you need the items and how you would use them if you were to receive the funding.

You may type this section and attach it to your application.