The Port Arthur Education Foundation is a separate entity from the Port Arthur and Sabine Pass Public School Districts but cooperates with the Districts to enhance academic excellence. Its goal is to reward those involved in innovative classroom projects.

Thank you for your interest in the Port Arthur Education Foundation Grants Program. To ensure anonymity during the selection process, the committee members will not have access to applicant’s name until the evaluation process is completed. Please submit only one application per project. You may be awarded a grant only once in a twelve-month period.

Applicants must comply with the instructions listed in the *Guidelines for Grant Application.* A copy is available in the Principal’s Office on your campus and online at paef.net.

*­­­­­­­­­­­­­­­­­­­­­­­­­****Name(s)***

***School(s) Position(s)***

***Home Address(es)***

***Home Phone School Phone***

***E-mail Address***

**Total Dollar Amount of Budget Request $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

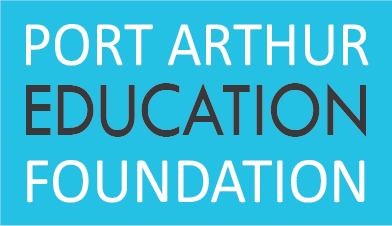
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***Signature of Principal Signature of Applicant(s)***

**Forward proposal to: Port Arthur Education Foundation, Inc.**

**Attn: Grants Committee**

**501 Procter Street Ste. 300  
 Port Arthur, TX 77640**



**COMPLETE THE TOPIC HEADINGS BELOW IN A 1-3 PAGE APPLICATION:**

***(APPLICATION MUST BE TYPED)***

* **Project Goals/Objective** What is the need or problem addressed by the Project?

What do you expect the students to accomplish because of the project?

* **Project Description/Activities** Outline the action steps, describing student activities,

timeline and resources or materials involved. Note any innovative aspects you believe will positively impact student learning.

* **Project Evaluation** How will you determine if the students met the goals of

the project? Describe your evaluation method or procedure**.**

* **Amount Requested** NOTE: Our intent and understanding is that materials/

**(BUDGET)** equipment awarded will be for the long-term benefit of the students and will become property of the school district**.**

List name, address, and phone number of vendor.

Describe materials and/or equipment including model

number, item number in the vendor catalog, size,

quantity, and color, if appropriate. Be specific and

detailed about what you are requesting.

Be sure to include cost plus shipping charges.

For Foundation Use Only

Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_