

**2020-21 GRANT APPLICATION**

**(For Artist/Scholar-in-Residence**

**and Distance Learning Related Proposals)**

PLEASE NOTE: All grant recipients are expected to complete an evaluation form which will influence the determination of future awards.

The Friends of White Plains Public Schools seeks to advance the excellence of the White Plains Public Schools by providing financial support for cultural and academic enrichment programs, projects and other special needs not included in the District budget.

**We recognize that this is an extraordinary school year as we contend with COVID-19, so we encourage all teachers, administrators and staff to submit proposals that may provide academic or cultural enrichment for students participating in distance or hybrid learning, as well as traditional classroom instruction.**

**We would welcome grants for special programs, STEM programs and activities, author/expert in person or virtual visits, virtual “field trips”, museum activities and cultural events.**

# \*Applicant(s) \*Building/Grade/Class \_\_\_\_\_\_\_

**\*E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*School Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **FOR ARTIST/SCHOLAR-IN-RESIDENCE PROGRAM (In Person or Remote)**

\*Artist/Scholar

\*Topic/Field/Title # of Days Hours/Day \_ Dates \_\_\_\_\_\_

* Please include the following information about the program on this form or on attached pages:
	+ Description of the program and how it will benefit students \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ If applicable, describe the artist’s/scholar’s role in the classroom or online class/activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Number of students involved, in which grades \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
	+ Pre/ Post Activities; Assessment Plan; Other information \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
1. **FOR OTHER STUDENT PROGRAMS (In Person or Remote)**

Please describe the nature of the Grant request in detail on this form or on attached pages, focusing on what current need(s) it will fulfill, what the desired timing for implementation is, how it will benefit students, how many students might benefit, and how the value/success of the support acquisition will be evaluated.

1. **GRANT AMOUNT SOUGHT** $ (Use additional pages if necessary)
* Will this be your only source of funding? \_\_\_ If not, where will other funding come from? \_\_\_\_\_\_\_\_\_\_\_\_
* Please explain rationale for the amount you are seeking
* Will the program take place, or school/student need be met, if the grant is not awarded? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **APPLICANT(S) SIGNATURE(S**) Date \_\_ \_

# COORDINATOR / PRINCIPAL SIGNATURE Date \_\_

*Please forward any questions and the completed application to* *dhernacki@gmail.com*

**Friends of White Plains Public Schools PO Box 1133, White Plains NY 10602 FriendsofWPPS.org**