

**2022-23 GRANT APPLICATION**

(For academic and cultural enrichment programs)

PLEASE NOTE: All grant recipients are expected to complete a post-event 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, activities and other special needs not included in the District budget.

**We welcome applications for grants to fund artist/scholar/expert visits, STEM programs, and “field trips” to museums and cultural events, all of which can be in person or virtual, as well as any class, grade or school activity that contributes to a positive learning environment, student confidence and love of learning.**

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

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

**1A. 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 expandable form or on attached pages:
	+ Description of the program and how it will benefit students \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Explain how the program fits into or complements the class curriculum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ 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 \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**1B. FOR ALL 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, how it will benefit students, how many students might benefit, and how the value/success of the supported program 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**