

**2021-22 GRANT APPLICATION**

**(For Academic & Cultural Enrichment,**

**including Covid-Related, Proposals)**

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 and other special needs not included in the District’s budget.

We recognize that this is another extraordinary school year as we continue to contend with COVID-19 and its variants and a variety of mitigation measures. **As a result, we encourage all teachers, administrators and staff to submit proposals that may stretch the traditional concept of enrichment programs in this time of restricted contact and social limits, in addition to proposals associated with more 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, as well as class, grade and school activities which contribute to a positive, enriched learning environment.

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

**E-mail(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ **School Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM DESCRIPTION (In Person or Remote)**

**Topic/Field/Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of** Artist/Scholar/Speaker (If applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe** the nature of the Grant request in detail on this form or on attached pages, focusing on

* Date(s), Number of Days & Hours per day (as applicable)
* 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.

**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*](mailto:dhernacki@gmail.com)

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