

# Valdosta Junior Service League Learning Enhancement Grant

Cover Sheet  
(Submit one (1) Copy of this Page)

PROJECT TITLE: \_\_\_\_\_

TEACHER: \_\_\_\_\_

SCHOOL NAME & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL TELEPHONE: \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_ SUBJECT: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_

I have read this application and to the best of my knowledge, the materials are not available at our school at this time.

\_\_\_\_\_

(Principal's signature)

**REQUIRED FOR ACCEPTANCE**

**Please submit one (1) copy of the cover page and six (6) copies of your application form to:**

VJSL Learning Enhancement Grant Program  
c/o Beth Reames  
5977 Ousley Road  
Valdosta, GA 31601

# **Valdosta Junior Service League Learning Enhancement Grant**

Application Form  
(Submit Six (6) Copies)

Grant #\_\_\_\_\_

THIS WILL BE A BLIND JUDGING PROCESS. PLEASE DO NOT LIST THE NAME OF YOUR SCHOOL OR ANY TEACHER NAMES WITHIN THE BODY OF THE APPLICATION.

PROJECT TITLE: \_\_\_\_\_

\_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

**1.) DESCRIBE THE PROJECT IN DETAIL BY EXPLAINING THE ACTIVITIES THE PROJECT WILL INCLUDE.**

**2.) DESCRIBE THE SPECIFIC LEARNING GOAL(S) YOU WISH TO ENHANCE WITH THIS PROJECT.**

**3.) DESCRIBE THE STEPS YOU WILL USE TO IMPLEMENT THE PROJECT.**

**4.) DESCRIBE THE STUDENT POPULATION THAT THE PROJECT WILL BENEFIT. PLEASE INCLUDE AN ESTIMATION OF THE NUMBER OF STUDENTS THAT WILL BE IMPACTED BY THE PROJECT THIS YEAR.**

**5.) PROVIDE A PROPOSED BUDGET FOR THIS PROJECT.**