

Valdosta Junior Service League Learning Enhancement Grant

2016-2017

***Information can be typed or handwritten**

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 and 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 five (5) copies of your application form to:

VJSL Learning Enhancement Grant Program
c/o Angie Davis
1015 Charleston Place
Valdosta, GA 31602

Valdosta Junior Service League Learning Enhancement Grant

Application Form
(Submit Five (5) 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) AND/OR COMMON CORE STANDARDS 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:
MATERIALS TO BE USED AND TOTAL AMOUNT REQUESTED**