



FultonSchoolsFoundation.org - (573) 999-0755 - PO Box 695, Fulton, MO 65251

**FULTON PUBLIC SCHOOLS FOUNDATION
EDUCATOR GRANT APPLICATION**

See information and requirements at: www.fultonschoolsfoundation.org/grant-application-and-process/

All applications must be TYPEWRITTEN.

ALL identifying information will be removed from applications before being presented to the Foundation Programs Committee to provide anonymity in the decision-making process.

Lead Applicant Name:

FPS Building:

Email:

Personal Phone:

Project Title:

Applicant's Signature _____ Date:

Principal's Signature _____ Date:

Central Office Signature _____ Date:

*If multiple educators involved, list others here:

- **Send or deliver two copies of the application in person to:**

Amanda Miles, FPSF grants
2 Hornet Drive
Fulton MO 65251

**Must be received at Central Office by 4:00pm on the Tuesday after Presidents Day

- **ALSO email completed application to:**

Scout Gibson ExDir@fultonschoolsfoundation.org
AND
Amanda Miles ammiles@fulton58.org

Project Title:

Grant Sought: please check one

- FPS Foundation Classroom Grant: PRE-K-12 EDUCATORS
Classroom Grant amount requested \$ _____
Suggested amounts: \$500-\$1000 but other amounts will be considered.
- Ed and Jean Avra Classroom History Grant: FHS HISTORY EDUCATORS \$500 Grant
- Pat Jones Foreign Language Grant: GRADES 1-5 EDUCATORS
Amount requested \$ _____ Max \$2000 per elementary school. Individual teachers may apply.

Area supported by grant

Single classroom _____ Grade level(s) _____ Building-wide(s) _____ Do not identify the particular building

Secondary department or curricular area(s) _____

Number of students impacted by grant project: _____

First-Year Grant _____ Continuation Grant 2nd Year _____ Continuation Grant 3rd Year _____

(If continuation, attach current year project evaluation WITH this application.)

Projected start date:

Completion date:

Curricular Objectives for your project. Create a list, outline or short narrative. Typewritten please.

How will you evaluate that your objectives have been met?

How will your proposed project encourage academic achievement and enhance learning opportunities for the participating students? Make a List OR Outline, and write a short summary. Typewritten, please.

Implementation Timeline: Month by Month

August:

September:

October:

November:

December:

January:

February:

Suggestion: Ask to be on your Faculty Meeting or School Board agenda telling about your project

March:

Attend Fulton Foundation GALA presenting Poster and Table Display

April:

Submit Evaluation of project to ExDir@FultonSchoolsFoundation.org by April 1.

May:

Budget: Detail your budget request in order of priority. Include specific information, such as what materials and equipment will be needed, sources of supply costs (including transportation, honorariums, shipping/handling, etc.)

Quantity	Item	Supplier	Date Needed	Budget Amount
			Project Total :	

Funding: Purchase orders and receipts must be submitted to Fulton Public Schools Central Office for ordering. Clearly indicate on your purchase order that this is to come out of FPSFoundation Grants Budget.

Fulton Public Schools Foundation Grant Project Evaluation

Submit this document by April 1.

Email to the Foundation Executive Director at ExDir@FultonSchoolsFoundation.org.

Briefly summarize your experience with the grant project.

Did you achieve your goals?

Would you repeat this project?

Why or why not?

How were students affected/impacted by this project?

Total number of students involved in this project during the grant period: _____

Project Title:

Grant Recipient(s):

Date: