

Please complete all sections of the application. Grants will be awarded for projects that creatively enhance the educational experience for students enrolled in the South Williamsport Area School District in any academic discipline. Projects should be innovative and have meaningful impact on our students by promoting student development, enhancing diversity, and benefiting the school and/or community.

	Applicati	on Informatior	ı		
Primary Applicant				Date	
Tap here to enter text.				Tap here to enter a date.	
School	Grade/Dept.	Email		Phone	
Select a site.	Tap here to enter text.	ext. Tap here to enter text.		Tap here to enter text.	
Type of Grant	Only student groups need to complete this section				
☐ Faculty / K-6	Name of group Tap here to enter text.				
☐ Faculty/7-12	# of members Advisor Tap here to enter text.				
☐ Student Group	Tap here to enter text.	· · · · · · · · · · · · · · · · · · ·			
Project name Tap here to enter text. Amounted requested					
<b>Project description</b> (Provide a 1 paragraph description of the project you are proposing. Highlight the project, not the items needed to implement it.)  Tap here to enter text.			\$Tap here to enter text.		
			Expected start date:		
			Tap to enter a date.		
			d completion date:		
Who App			Tap t	Tap to enter a date.	
				Who will benefit from this project? Approx. number of:	
			Students: Tap here to enter text.		
			Teachers: Tap here to enter text.		
			Community members: Tap here to enter		
			text.	ed materials, resource personnel.)	
Tap here to enter text.  Please provide a projected	budget. (Be sure to inc	lude ALL costs.)			
ITEM		SUPPLIER		COST	
Tap here to enter text.	Tap here t	o enter text.		\$Tap here to enter text.	
Tap here to enter text.	Tap here t	Tap here to enter text.		\$Tap here to enter text.	
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Do you have any other source of funding? If yes, please des Tap here to enter text.	scribe.				
What are your goals with this project and how will you mean tap here to enter text.	sure success?				
Only faculty applicants need to comple	ete the next 2 sections.				
How does this request enhance your curriculum/support spontage and here to enter text.  Which core standards will be met? (Please name specific standards here to enter text.)					
Applicant Signature	Date Tap to enter a date.				
DI FACE NOTE	L				
PLEASE NOTE  □ Applications must be submitted via email to: <a href="mailto:foundation@swasd.org">foundation@swasd.org</a> □ You must get approval for your proposal from your building Principal & the Superintendent. □ Applications will be considered by the Allocations Committee and final approval will be decided by the South Williamsport Education Foundation Board. □ A financial report, receipts and a post-evaluation must be returned to the Foundation (via foundation@swasd.org) within two weeks of the conclusion of your project. □ Please refer to the SWEF Grant Guidelines for more information and expectations. □ All project related displays and promotion should include the following: "Funding for this project was made possible by a grant from the South Williamsport Education Foundation"					
Superintendent Signature	Date				
Building Principal Signature	Date				