

Mary Bencini Memorial Grant Application GENEVA ACADEMIC FOUNDATION

Thank you for taking the time to complete this grant application.

All applications are due NO LATER THAN: Friday, November 4, 2022

<u>Please save a copy of this grant application for yourself and after receiving principal approval, submit via email to 304gaf@gmail.com</u>



Budget:

Please attach a copy of the quote you received from a District approved vendor to the e-mail you submit to GAF.

for the full amount? (type Partial or Full)					
List below all items that are not on the attached quote (example: training cost)					
Have you sought funding from other source(s)? (type Yes or No):					
If "YES", please much was	•		ou have request next to the sou		•
District:			S	School:	
Department:				PTO:	
Other (please list	Other (please list source and amount):				
Technology: Please discuss this Project with your Building Technology Coordinator / Facilitator before you submit your e-mail to your Building Principal.					
Does the Project inclu	de Technolog	y? (type Y	es or No):		
If "YES", please have this project reviewed and approved by your Building Technology Coordinator/Facilitator?					
Name Coordinator	e of Building Technology /Facilitator:				
Date re	eviewed and approved:				



The GAF Project Search Committee requests that the following items be completed in all proposals. Applicants may submit any other materials that may be helpful in the evaluation and explanation of the proposal. If additional information is required, the GAF Project Search Committee will contact the applicant(s).

DESCRIPTION: Please describe the proposal. Supporting information (literature, data, etc.) may be attached to the grant application.				

Please include a web link(s) to item(s) in your proposal.



GOALS AND CONSIDER		
dentify aspects of the proposal. How does this request enhance or enrich the educational opportunities or programs for Geneva students?		
What is the proposed	outcome for the students affected?	





Please pick one of the four areas, from the District's vision above, that will be targeted by your proposal and explain how it will prepare the students for their future: How will this tool support learning and allow students to demonstrate conceptual mastery?



STUDENT POPULATION BENEFITING

Please describe the student population benefiting from this project (list amount next to the level requested for):

Class(es):	Grade Level:	
Team:	Department:	
Building(s):	District:	
Other (please list group and amount):		

EVALUATION Please explain the process you will use for evaluating the success and effectiveness of this program, service, or activity.		
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Name of Building Principal:		
Date reviewed and approved (principal signature):		

Note: If this proposal is accepted and implemented you will be asked to provide a written evaluation (how it enhanced your teaching and the students learning), to have members of GAF observe its use with students, and also if possible, take pictures of the project for GAF use.

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Determination and distribution of funds will be completed prior to the start of the new school year.