

**Tomahawk School District**

**Beyond Crayons & Chromebooks Grants**

**Application Form**

**School Name:**

**School Address:**

**Grant Application Contacts:**

 **Teacher/s Name/s:**

 **E-mail:**

 **Phone:**

 **Address:**

**Project Name:**

**School (Choose the school that will be receiving grant funds):**

**Project Information** (requests up to $1000.00)

**Total Project Costs: $**

**Amount Requested: $**

**School/s Involved:**

Will more than one school or school district be involved in this project?

If so, please name all schools involved:

**Is your school located in the Tomahawk School District?**

Beyond Crayons and Chromebooks Grants are designed to provide funding for projects and programs that benefit students living in the Tomahawk School District. If you answer “No” to this question, your project may not qualify for funding and you may want to contact the STAR Foundation before proceeding with the application process.

**Grade Level(s) Involved:**

**How many students do you plan to engage in the project?**

**How many teachers will be engaged in the project?**

**Teachers Involved in Project:**

For recognition purposes, list ALL teachers involved in this project.

**Project Narrative**

**Project Description:**

Describe the project for which you are seeking funds. Include project goals and objectives.

**Curriculum Enhancement:**

How will this project enhance your curriculum?

**Project Participants:**

Explain the role of teachers, students, volunteers, and parents involved in the project.

**Community Impact:**

How will the project positively impact the community?

**Evaluation:**

How will you measure your project’s success?

**Funding Utilization:**

Specifically, how will STAR Foundation funding be used?

**Project Budget:**

Provide a detailed and realistic budget, outlining equipment and materials needed, amount of funding requested, other income sources, and total project costs.

**Additional Information:**

Feel free to attach additional documents that would benefit the Selection Committee in making their decision.

**Signatures and Confirmation**

**Teacher’s Signature: Date:**

**Contact Person’s Email Address:**

The principal’s name and signature below, verifies that he/she has approved this application.

**Principal’s Signature: Date:**

**Principal’s Email Address:**

**Confirmation:**

By providing your signature above, you certify that the statements contained in this application are true and correct to the best of your knowledge. You also agree, that if selected, you will use the funds granted for the purpose as proposed and approved by the STAR Foundation. You also agree to allow the STAR Foundation to use information provided in this request for press releases, reports, and other public information.

### Timeline:

* Online applications are due by **September 30th.**
* Applications must be approved by the building principal.
* Please forward a copy of the application to the business office
* Applicants, principles and the business office will be notified of funding decisions by **October 14th.**
* Grant recipients submit payment vouchers when grant money is needed. Funding is forwarded to the district administration office.
* Project funds must be used and a follow-up grant report submitted to the business office by

**April 15th, 2023**

The STAR foundation will then reimburse the school after receiving information from the business office.