

ROTARY/HELVERING SCHOOL IMPROVEMENT GRANT

Applicant Name: _____ Position: _____

School: _____ Administrator: _____

Proposed Project Description: _____

Student Outcomes: 1. _____

2. _____

3. _____

Other Expected Benefits: School _____ Teacher(s) _____ Community _____

Explain: _____

Number of Students Impacted:

Project Evaluation: A plan for measuring how the project met anticipated changes, expected impact, and student outcomes.

Budget: Instruction materials: \$ _____

Equipment: \$ _____

Services/Contracts: \$ _____

Other: \$ _____

Total Requested:

\$ _____

School's Expenses toward this project: \$ _____

Other Contributors: _____ \$ _____

Please add/attach any additional sheets as necessary to give details to the proposed project.

Applicant Signature

Date

Administrator Signature

Date