

# CREATIVITY

Date Submitted: \_\_\_\_\_

Project Name: \_\_\_\_\_

Applicant(s) Name: \_\_\_\_\_

Home/Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City, State, Zip: \_\_\_\_\_

School: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Other Team Members: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Will the items purchased with this grant be used for more than one school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of students impacted \_\_\_\_\_ Grade level(s) \_\_\_\_\_

*The signatures below affirm that the programming proposed in the grant application falls within the educational guidelines of our school corporation.*

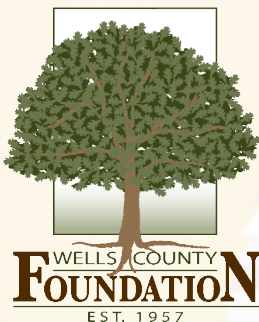
Principal Signature \_\_\_\_\_

Superintendent Signature \_\_\_\_\_

Application must be submitted in person or postmarked by **APRIL 3, 2019**

**The Wells County Foundation, Inc.**  
360 N. Main St., Suite C  
Bluffton, IN 46714

Notification or denial letters will be distributed by June 1



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**CREATIVITY** – This is the most important element(s) of your project. This grant is only awarded to projects that demonstrate more creative or innovative teaching methods.

Curriculum or cross-curricular area: \_\_\_\_\_

Summarize your project in a manner that gives the committee a mental image of what will be happening in your classroom during the proposed project. How will the students be *actively* participating in learning? Describe how the learning environment will be exciting and motivating.





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**IMPLEMENTATION** – Describe the implementation plan and schedule of activities. Will this project be completed in the 2019/20 school year? If not, please explain. Include a general timeline if possible.





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## Budget and Funding

Itemized Project Budget (Required)

Quantity	Description	Unit Cost	Check if Mandatory Item	Total Cost

**Total Amount Requested:** \_\_\_\_\_

Will the project/program be possible with only a partial grant?

Yes                      No

(If yes, please review budget items and determine which items are mandatory and which ones are not essential in order to implement the grant project.)

Minimum amount needed? \_\_\_\_\_

(If you will accept partial funding, give the minimum amount of money it would take to implement your grant project.)

Is there any other information you believe to be helpful to the committee reviewing this grant request?