

Innovator Grant Application

For William Penn School District Staff and Community



Deadline for January Award: NOVEMBER 15

Please provide as much information as possible so that we can determine if your proposal meets with the mission and intent of the Penn Wood Foundation.

Section 1: Applicant Information

Name(s) _____

Organization Name (if applicable) _____

School(s) or Community Affiliation _____

Contact Person's Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Affiliation with William Penn School District _____
(Parent, Teacher, Staff Administrator, Student)

Section 2: Project Information

Project or Program Title _____

Amount Requested (Grants will be awarded from \$250 to \$1,000) _____

Person Accepting Financial Responsibility _____
(Will be responsible for submitting reports, receipts, and materials used for portfolio and publicity)

Location(s)/Site(s) _____

Number of Students _____ Grade Level(s) of Students _____

Affected Students: Regular Education Special Education (includes AT with GIEP)
 Other Sub-section (please specify) _____

Need met by this project: _____

Innovation in Curriculum Significant Number of Students Affected Pilot Project, Reproducible
 Potential for significant impact on students who participate Meets unmet educational need
 Other _____

Project Status: New Resubmission Renewal (explain how the program has changed or expanded since original submission) _____

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Project Description:

Provide a brief description of the project or program, highlighting uniqueness of the project/program and educational and student benefits. Attach additional pages if necessary.

Expected Outcomes:

Method of Evaluating Project/Program:

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Section 3: Proposed Budget

Provide a detail of how grant monies will be allocated.

Description	Purpose	Amount
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____
4. _____ _____	_____	_____
5. _____ _____	_____	_____
6. _____ _____	_____	_____
7. _____ _____	_____	_____
		TOTAL AMOUNT _____
		Must equal amount requested

Printed Name _____ Applicant's Signature _____

*Send via interoffice or email to Penn Wood Foundation, Inc.
Judith Veloski, President, 100 Green Avenue, Lansdowne, PA 19050 or info@PennWoodFoundation.org.*

Penn Wood Foundation Use Only			
Date application received _____	Date application reviewed _____	Review Status _____	
Date applicant notified _____	Amount Granted _____	Check # _____	Initials _____