



Benefiting the Children of the William Penn School District

## Letter of Intent to Receive Grant 2012-2013

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

### SECTION 1

**Name(s):** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** PA **Zip Code:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** PA **Zip Code:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Specify Affiliation with WPSD:** \_\_\_\_\_

*(parent, teacher, administrator, student)*

**Specify School or Community Affiliation:** \_\_\_\_\_

*(for example, Penn Wood H.S., Colwyn, Yeadon)*

### SECTION 2

**Project or Program Title:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ *(\$250 to \$1000 grant award)*

**Date Project runs:** From: \_\_\_\_\_ to \_\_\_\_\_

**Person Accepting Financial Responsibility:** \_\_\_\_\_

*(Must be responsible for submitting receipts, reports, and material used for portfolio and publicity)*

**Location Site(s) of Program:** \_\_\_\_\_

**No. of Students:** \_\_\_\_\_ **Grade level of Students:** \_\_\_\_\_

**Type of Students:** \_\_\_ **A/T Honors** \_\_\_ **Regular education** \_\_\_ **Special Education**  
\_\_\_ **Band Students** \_\_\_ **Other:** \_\_\_\_\_

**REF Criteria Met by this project:** *(check all that apply)*

\_\_\_ **Innovation in curriculum** \_\_\_ **Significant number of students affected**  
\_\_\_ **Pilot Project, Replicable** \_\_\_ **Potential for significant impact on students who participate**  
\_\_\_ **Meets unmet educational need** \_\_\_ **Other:** \_\_\_\_\_

**Project Status:** \_\_\_ **New** \_\_\_ **Resubmission**

\_\_\_ **Renewal:** *(Describe how the program has changed or expanded since original submission)*



Benefiting the Children of the William Penn School District

**Project Description:**

- Brief description of the program, highlighting the uniqueness of the program and educational benefits

- Expected Outcomes

- Method of Evaluating Program

## Letter of Intent to Receive Grant 2012-13

**SECTION 3: PROPOSED BUDGET:** Please provide a detail of how grant will be allocated.

Description	Purpose	Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
	<b>TOTAL AMOUNT</b> <i>Must equal Amount Requested</i>	

**Please be sure to complete all sections and sign application.**

Print Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to: Penn Wood Foundation, Inc., c/o Brenda McPherson-Fry, Ardmore Avenue Elementary School, Collingdale Campus, 502 Woodlawn Avenue, Collingdale, PA 19023. If you have any concerns or questions please call 610-583-3613 or email us at : [president@pennwoodfoundation.org](mailto:president@pennwoodfoundation.org).**

**FOUNDATION USE ONLY:**

*Date Application Received:* \_\_\_\_\_ *Date Application Reviewed:* \_\_\_\_\_

*Review Status:* \_\_\_\_\_ *Date Applicant Notified:* \_\_\_\_\_

*Amount Granted:* \_\_\_\_\_ *Check #* \_\_\_\_\_ *Initials:* \_\_\_\_\_