

# HOLMEN AREA

WWW.HOLMENAREAFOUNDATION.ORG

# Foundation

## Holmen Viking Fund for Educational Excellence Grant Application

Title of Project: \_\_\_\_\_

### Applicant Information

Name(s) \_\_\_\_\_

Building \_\_\_\_\_

Department/Grade Level \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Building Administrator Signature \_\_\_\_\_

### Application Criteria

- Recipient must be an employee of the School District of Holmen
- Student achievement should be primary goal of request
- Funds should be used for projects in the District which are not funded within the normal budgetary process
- All applications must be signed by the appropriate building administrator
- Recipient is only eligible for one award annually
- Applications may range from \$25 - \$150 for pay out as determined by the Grant Committee

### Project Information

Amount of request \_\_\_\_\_ Number of students impacted \_\_\_\_\_

Project period \_\_\_\_\_

Why is funding needed? (Funding may be needed due to one or more of the following: new program, lack of available external grants, loss of funding, program enrichment and increased need for equipment/funding.)

\_\_\_\_\_  
\_\_\_\_\_

What is the total cost of the project? \_\_\_\_\_

What other sources of funding have been applied to this project and what amount?

\_\_\_\_\_  
\_\_\_\_\_

On the back of this sheet or on a separate piece of paper, provide a narrative explaining how the request meets the application criteria-specifically how this project will impact student achievement.

**SUBMIT 2 COPIES TO THE DISTRICT OFFICE BY THE APPROPRIATE GRANT DEADLINE.**

**Grant Deadlines:** Dates Due: Sept. 25 (for 1<sup>st</sup> Qtr.); Nov. 25 (for 2<sup>nd</sup> Qtr.); Jan. 25 (for 3<sup>th</sup> Qtr.); April 25<sup>th</sup> (for 4<sup>th</sup> Qtr.)