



Organization & Contact

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* Required before final submission

Helpful Tips

- Limit your use of bullets and other formatting.
- Copy and paste as needed.
- Log into your account at https://www.GrantRequest.com/SID_5841?SA=AM to access saved & submitted applications (bookmark this page).
- Go back to main grant page at <https://powerofgood.com/grant/students-to-stewards-grants>
- Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.

School Information

* **School Name**

* **Tax ID**

* **Tax Status**

* **Mailing Street Address**

* **City**

* **County**

* **State**

* **Zip Code**

If the billing address is different than above, please enter it here:

Include Street Address, City, State, Zip Code

School Contact Information

Prefix

First Name

Last Name

Title

Example: Teacher, Choir Director, etc.

E-mail

Primary Phone

Mobile Phone

Background Information

* **School Mission**

* **School History**

* **Please list any major key accomplishments of your school.**

Examples might include completed projects or any sort of accomplishments of which your school is proud (i.e. "We have previously planted x number of trees that x number of people enjoy daily." or "We have raised x dollars to date.")

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Field Trip Details

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Field Trip Details

* **Field Trip Title**

* **Description of your Field Trip**

* **Total Project Cost**

Enter a monetary value

* **Amount Requested**

Enter a monetary value

* **Population Served**

<Select One>



Students to Stewards Grant

* **How many students will participate in the field trip?**

Enter a numerical value. Enter 0 if none or not applicable.

* **What percentage of the student population is diverse/underserved?**

Enter a numerical value. Enter 0 if none or not applicable.

* **Percentage With Free or Reduced Lunch**

Enter a numerical value. Enter 0 if none or not applicable.

* **How many hands-on education activities will be incorporated into the field trip?**

Enter a numerical value. Enter 0 if none or not applicable.

* **How many teachers will be involved?**

Enter a numerical value. Enter 0 if none or not applicable.

Will this program help to raise high school graduation rates through support for grades pre-k through 12

Instructions: If yes, please check the box below.

* **What is the graduation rate of the high school that most students in this institution/program are attending/will attend?**

Enter a numerical percentage. Enter 0 if none or not applicable.

Does your program have a STEAM or environmental focus?

Instructions: If yes, please check the box below.

How many students are participating in the STEAM or environmental program?

Enter a numerical value. Enter 0 if none or not applicable.

How many STEAM or environmental-related classes are offered?

Enter a numerical value. Enter 0 if none or not applicable.

How many teachers involved in the program are trained in a STEAM or environmental field?

Enter a numerical value. Enter 0 if none or not applicable.

How many students would you estimate might pursue a STEAM or environmental major or career as a result of this program that might not have pursued a STEAM or environmental major or career without the support of this program?

Enter a numerical value. Enter 0 if none or not applicable.

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Attachments

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Attachments

Upload Instructions:

1. Click Browse
2. Select the file from your computer
3. Click Upload

Note: Attachments can be MSWord (.doc, .docx), MExcel (.xls, .xlsx), and Adobe Acrobat (.pdf).

* Grant Request

Actual grant request with a cover sheet outlining goals, objectives and specific needs addressed if you were to receive the grant. Include an implementation plan and timeline with an outline for any activities planned in the near future and achievements thus far. Please keep this to no more than four (4) pages.

No file chosen

* Project Budget

Project budget with an evaluation plan with specific criteria for judging the program's effectiveness.

No file chosen

Other Supporting Documentation (optional)

Additional documentation that is relevant to your project.

No file chosen

Certification

* I am 18 years or older and have the authority to represent the school.

By submitting this application, you certify that you have read and understand the grant guidelines. Further, you also certify that the funds will not be used in any prohibited fashion. You also certify that the funds will be used as outlined in the grant request/proposal.