



EAGLE
FOUNDATION

Blue Mountain School District
P.O. Box 321
Orwigsburg, PA 17961

Venture Grants for Teachers Application Form

Date

Applicant(s) Name

School

Project Title

Grade Level/Department

Budget Request

I am applying for funding for the _____ Spring _____ Fall Semester of _____ (year)

Should you have any questions about the application process, please contact the Executive Director prior to completing this form.

Please answer the following questions. Please attach your answers to this application.

- Write a one paragraph summary of the project you would like to try at your school.
- What challenges face you which this grant will address? Explain why you think there is a special need for this project.
- Describe your project in specific detail. Discuss methods, needed materials, resource personnel, a tentative schedule, and project completion date.
- Approximately how many people will be affected by this project? Explain how you arrived at this number.
- EVALUATION - How will you determine whether your objectives have been achieved? **YOU WILL BE REQUIRED TO WRITE A ONE PAGE EVALUATION UPON COMPLETION OF YOUR PROJECT.**
- Detail your budget requests. Include specific information such as kinds of materials and equipment needed, supply sources, etc. **Please make sure to include all costs.**

Applicant Signature

Department Head Signature

Building Principal Signature

Proposals must be submitted by May 15th to:

Elizabeth Dal Santo, Executive Director
Eagle Foundation
P.O. Box 321
Orwigsburg, PA 17961
Phone: 570-714-7170
Fax: 570-714-1755
Cell: 570-498-9138
Email: edalsanto@netscape.net