

PROJECT CAPE –APPLICATION FOR FINANCIAL ASSISTANCE

Name of School _____

Address _____

Applicant Name and Title _____

Organization Information (Board members & President; Staff Composition in numbers- teachers, volunteers, support staff, administrators; student population served, numbers, diversity; demographics of community; total operating budget)

Title/Theme of Proposal _____

Amount Requested \$ _____

Authorization

The undersigned, an authorized administrator of the organization, does hereby certify that the information set forth in this proposal application is true and supported by the school district.

Signature

Print Name/TITLE

Date

Narrative and Budget

Please type or clearly print the answers to the following questions: (If the answers to these questions are included in other documents created by your school, please submit that material as well.)

1. What is your goal for improving student learning? What is your evidence of need for this goal?

2. Elaborate on the specific activities that will occur during the project to achieve this goal. (What will teachers do? What will students do? If this is explained in your school improvement plan please attach it.)
3. Articulate the expected educational outcomes as a result of this project.
4. Explain how you will measure your progress toward achieving the goal articulated above.
5. Describe the students that will be impacted/involved in this goal project and their role, if any, in shaping this project.
6. Provide a brief explanation of how you intend to use the funds requested. (What is the budget for your proposed activities?)

In addition to responses to questions above, a completed application may include any documents the school team deems necessary in clarifying its proposal.

Direct all inquiries and application materials to:

Ronda Ewald
Executive Director

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