

**Grant Application Schedule 2024-2025**

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| **Grant Application Deadline** | **Foundation Board Meetings** |
| 6/17/2024 | 7/1/2024 |
| 7/22/2024 | 8/05/2024 |
| 8/19/2024 | 9/03/2024 [NOTE: Tuesday meeting] |
| 9/23/2024 | 10/7/2024 |
| 10/21/2024 | 11/12/2024 [NOTE: 2nd Tuesday] |
| 11/18/2024 | 12/2/2024 |
| 12/16/2024 | 1/07/2025 [NOTE: Tuesday meeting] |
| 1/20/2025 | 2/3/2025 |
| 2/17/2025 | 3/3/2025 |
| 3/24/2025 | 4/7/2025 |
| 4/21/2025 | 5/5/2025 |
| 5/19/2024 | 6/2/2025 |

Please answer all thoroughly and to the best of your ability. Be sure that you, your department chair, and the principal complete the signature page. Email the completed application with attachments and back up documentation to the Foundation at [BTWFEapplication@gmail.com](mailto:BTWFEapplication@gmail.com), or submit it to Jayme Howland at [Jayme.BWTFoundation@gmail.com](mailto:Jayme.BWTFoundation@gmail.com).

Project Name:

Amount Requested:

Applicant’s Name:

Position/Department

Email Address:

Telephone Number: Best time to call:

Student Activity Fund Account:

1. Please describe your project. Please include the project’s purpose/goal.

2. Please list the sources other than the Foundation from which you are requesting

Funds.

3. How many current BTW students and/or faculty will directly benefit from your

project?

4. What percentage of students benefiting from this project are eligible to receive

free/reduced lunch?

5. Will participants be asked to contribute to the cost of their participation in your project? If so,

how much?

6. If this grant is for travel and/or a student activity, please list the fundraising efforts

and amounts that have been raised.

7. What other possible sources of funding are available to you? Please list funding amounts

and when you expect to receive those funds.

8. Prioritize your project in order of importance if a part of your request were funded.

9. If your request is approved, when would you need the funding?

10. It is likely that the Grants Committee will ask for a report about the effectiveness of

your project. How will you know if your project achieves your purpose and meets

your goals?

11. Will you request funding for this project again next school year?



GRANT SIGNATURE PAGE

PROJECT NAME:

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Signature of Applicant\*\* Date

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Signature of Department Chair\*\* (required) Date

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Signature of Principal\*\* (required) Date

Attach estimates, backup documentation, catalog pages, or links to this request for review. Foundation funds MAY NOT be used for purchases covered by the TPS budget.

Submit completed applications to [BTWFEapplication@gmail.com](mailto:BTWFEapplication@gmail.com) or to [Jayme.BTWFoundation@gmail.com](mailto:Jayme.BTWFoundation@gmail.com).

**\*\*BY SIGNING THIS APPLICATION, YOU ARE CONFIRMING TO THE FOUNDATION THAT THIS PROJECT IS SPONSORED BY BOOKER T. WASHINGTON HIGH SCHOOL AND COMPLIES WITH ALL APPLICABLE POLICIES, PROCEDURES, AND GUIDELINES REQUIRED BY THE SCHOOL AND BY TULSA PUBLIC SCHOOLS FOR A SCHOOL-SPONSORED PURCHASE OR PROJECT OF THIS TYPE.**