



2019-20 APPLICATION FORM

Applicant _____

Phone: _____ Email: _____

Total Amount Requested for Innovation Grant \$ _____

APPLICATION GUIDELINES:

- The Marlinton Education Innovation Fund Board will review all proposals and award of funding will be at the discretion of the Board.
 - Grant applications may be applied for by an individual or group.
 - Maximum allowed per grant is \$500 per individual/\$1,500 group.
 - Application deadline is APRIL 30th, 2019.
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A. PROGRAM DESCRIPTION AND OBJECTIVES:

This grant supports the following goal(s): Check all that apply and explain how each goal will be attained.

_____ Incorporate STEM Education

_____ Improve 21st Century Learning skills

_____ Address the Common Core State Standards

_____ Improve 1-to-1 technology integration

_____ Provide Professional development for teachers

_____ Foster Community Engagement

B. PROJECT SUMMARY

Describe who is impacted by the project (*i.e. grade levels, content/service area, number participating/attending*):

Describe how this grant will impact academic achievement:

How will that academic achievement be measured?

How is this activity/material innovative and different from something you may already be doing?

Are there other partners as part of this project? If yes, please provide names and roles of each partner:

GRANT BUDGET FORM

Description – Please detail each area of expenses (i.e. supplies, transportation, salaries/professional fees, administration, materials, food, etc.)	Expenses	In-Kind Donations
Total Expenses	\$	\$
Total Budget = \$		
Total Requested = \$		

APPLICATION DEADLINE
RETURN TO MARLINGTON LOCAL SCHOOLS
BY APRIL 30, 2019

Return to:
SUPERINTENDENT'S OFFICE
Marlington Local School District
 10320 Moulin Ave.
 Alliance, Ohio 44601

SIGNATURE - Applicant

Date