

**STUDENT ENRICHMENT OPPORTUNITY GRANT PACKET**

**(To be used by Joshua ISD students.)**

|  |
| --- |
| The goal of the ***Student Enrichment Opportunity Grant*** is to provide funds that reward excellence in scholarship and character to qualified students for academic programs that extend beyond the classroom and that supplement and align with the District Improvement Plan. Opportunities may include, but are not limited to, the following:   * Tuition and Fees for Dual Credit and Exam Fees for ACT, SAT and AP * Career and Technology Education Supplies and Certifications * Student Leadership Training and other Co-curricular Experiences, such as summer leadership   camps or instructional academies. |

**APPLICATION GUIDELINES**

**Grant Application must be typed for consideration.**

***An elementary student may print in his/her own handwriting.***

***Please read carefully to fully understand guidelines and expectations.***

**Award Range**

* **Up to $2,000/Student**
* ***The number of grants funded will depend upon available funds.***

**Applicant Eligibility**

* Student Enrichment Opportunity Grants are limited to students in the Joshua Independent School District.
* *The enrichment opportunity must enhance leadership and/or classroom instruction, not skill acquisition, such as camps for athletics, cheer, marching band, etc*.
* **A letter of recommendation from a faculty member must be attached to student applications.**
* ***The Foundation will not fund more than $2,000 to one student from September 1 – August 31 of each year.***

**Application Deadline**

* **12:30 p.m. on the Friday before Spring Break**

**Notification of Recipients and Awarding of Funds**

* Recipients will be announced at their Student Awards Ceremony and also notified by letter.
* Recipients must contact the Joshua ISD Director of Finance, who will send the grant funds to the designated vendor stated on the application or provide a District check for the recipient to send to the vender stated on the application.
* ***Students must maintain Joshua ISD student status to remain eligible.***

**Eligible Student Projects**

* Students are responsible for maintaining their school’s expectations and participating in opportunities that align with the District’s Improvement Plan.
* Enrichment activities in no way supersede the school’s curriculum.
* ***If students do not attend the designated enrichment activities 85% of the time, students and/or parents are responsible for reimbursing the Joshua ISD Education Foundation.***

**Recipient Requirements**

* Recipients must adhere to all District guidelines and policies.
* Recipients must provide an evaluation at the conclusion of the project.
* Recipients may be asked to provide a presentation regarding the project to the Joshua ISD Board of Trustees, the Foundation Board and/or its committees.
* ***If the grant application is approved, any change to the budget amount approved or expenditure for items other than those requested, must be submitted to the Foundation Board for approval.***

**Application Process and Review**

* Download and complete the application.
* Submit completed application to campus principal.
* Applications must be approved and signed by the campus principal, who will submit the application to the Joshua ISD Chief Academic and Technology Officer for review.
* The Chief Academic and Technology Officer will review the applications for the express purpose of assuring compliance with the District curriculum and the District Improvement Plan then forward them to the Foundation.
* Applications shall be competitively reviewed by a designated Foundation Selection Committee and will be judged based on their potential to impact instruction.
* All applications will be number-coded to ensure blind review relative to the applicant and specific campus.
* ***Applications including references to applicant and campus beyond the cover pages will be rejected*.**

**Grant Evaluation Summary (**found on the Joshua Education Foundation website under the PROGRAM tab.)

* The Grant Evaluation Summary is due to the JISD Administration Office, labeled for the JISD Education Foundation fifteen (15) days after the completion of the enrichment opportunity or by 4 p.m. March 1st if the applicant is applying for another Student Enrichment Opportunity Grant.
* In the event the enrichment opportunity takes place or will be completed after March 1st complete the Grant Evaluation Summary based on your experiences to date. A completed Grant Evaluation Summary is due within fifteen (15) days after the conclusion of the enrichment opportunity.
* ***Grant recipients who do not submit an evaluation summary will not be eligible to submit another application until the report is received*.**

**Application Requirements**

To be considered for funding the application must:

* Be typed, grammatically correct and free of spelling errors.
* Be complete (all sections).
* Be free of any identifying information (i.e., applicant or school names) other than on the cover pages.
* Describe some quantitative and/or qualitative method to evaluate the success of the project.
* Be approved, signed and submitted by campus principal or principal’s designee.

**CAMPUS PRINCIPAL (or designated personnel): Please submit the application, letter of recommendation and cover page with original signatures, and 6 copies to the Chief Academic and Technology Officer.**

**Submission Deadline:**

**Friday before Spring Break by 12:30 p.m.**



Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(for office use only)

**STUDENT ENRICHMENT OPPORTUNITY GRANT APPLICATION**

**(To be used by Joshua ISD students.)**

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Campus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Dollar Amount of Funds Requested (up to $2,000) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Enrichment Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Funds Needed\_\_\_\_\_\_\_\_\_\_\_ Describe what funds will be used for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization that check should be made payable to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_

Organization Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Code\_\_\_\_\_\_\_

**FOR PARENT/GUARDIAN:**

***If your child receives the Student Enrichment Opportunity Grant, he/she is required to submit an evaluation summary upon completion of the program to the Joshua ISD Education Foundation. (see Grant Evaluation Summary guidelines.)***

As the parent/guardian, I certify that the information on this application is true and accurate, and I understand the importance of my child attending the enrichment activity. If my child does not attend regularly (at least 85% of the time), I understand that I will be responsible for reimbursing the Joshua ISD Education Foundation for the amount of the Enrichment Opportunity Grant.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR CAMPUS PRINCIPAL:**

Before applications are submitted to the Chief Academic and Technology Officer, the campus principal will review the applications for the express purpose of assuring student compliance with the criteria of the Student Enrichment Opportunity Grants and that the request is congruent with the District’s Mission, Improvement Plan and Curriculum Guidelines.

Campus Principal Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A letter of recommendation from a faculty member must accompany student applications.**

***Review of proposals by the Joshua ISD Education Foundation is anonymous. The first and second pages will be removed by the Chief Academic and Technology Officer*** ***before the application is submitted to the Foundation. Consideration of your request will be based entirely upon the following proposal.***



Code\_\_\_\_\_\_

**Student Enrichment Opportunity Grant Application**

**(To be used by Joshua ISD students.)**

**DIRECTIONS:** Please TYPE in 11 pt. font and submit completed application to your Campus Principal. An appendix may be provided for supplemental material, such as research support and/or product information.

Title of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Dollar Amount Requested (up to $2,000) \_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Funds Needed \_\_\_\_\_\_\_\_\_\_\_\_\_ Grant funds will be used for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Days Absent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why do you wish to participate in this enrichment activity? **(15 pts.)**

1. What do you hope to learn from this enrichment activity? **(20 pts.)**
2. How do you perceive that this enrichment activity will enhance your goals? **(20 pts.)**
3. Explain how this opportunity aligns with Joshua ISD’s Mission and Instructional goals (available on JISD website). **(20** **pts.)**
4. List the school and community activities in which you are currently involved. **(10 pts.)**
5. Explain why grant funds are needed. **(10 pts.)**
6. Please list your budget *details* **in order of priority.** These items can include, but are not limited to, cost of enrichment activity, supplies needed for enrichment activity, and cost of associated tests for college credit or certifications. Please be as specific as possible. For example, give the title(s) of the Dual Credit class or classes that you would like to receive grant funds for. **(5pts.)**

**Student Enhancement Grant Application Budget Details**

|  |  |  |
| --- | --- | --- |
| **Item Description** | **Cost** | **Approximate Date**  **Funds Needed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**TOTAL REQUESTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher Recommendation Form**

**Student Enrichment Opportunity Grant**

**DIRECTIONS:** Listed below are the criteria by which the Student Enrichment Opportunity Grant Application will be judged. The applicant has responded to each of these questions. Please address these criteria in your letter of recommendation for the student who is making an application for a grant. Please **DO NOT** use the student’s name in the letter. You may write your letter on this sheet or submit it on a separate sheet. Thank you for taking the time to support enrichment opportunities for our students.

**Student Enrichment Opportunity Grant Criteria:**

1. Why do you wish to participate in this enrichment activity?
2. What do you hope to learn from this activity?
3. How do you perceive that this enrichment activity will enhance your goals?
4. Explain how this opportunity aligns with Joshua ISD’s Mission and Instructional goals.
5. List the school and community activities in which you are currently involved.
6. Explain why grant funds are needed.

Revised 01/05/2021