



Funding
Catholic
Education

TEACHER/CURRICULUM DEVELOPMENT GRANT APPLICATION

COVER SHEET & APPLICATION

Questions/Contact/Mail:

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Application Due Date: June 1

Notification Date: July 1

School Year: 20 - 20

Submission Requirements

Submit via email (PDF) or hard copy.
If you submit by hard copy, please provide one (1) original copy of entire grant request.

DO NOT FAX OR PUT IN BINDER/ANY TYPE OF COVER. PAPER CLIPS ARE OK.

The cover sheet and application must be typed or completed in Fill-In PDF format.

Project Title: _____		
School: _____	Group: _____	
Address: _____	City: _____	Zip: _____
Phone: _____	Website: _____	
Contact Person: _____	Title: _____	
Email: _____	Phone: _____	
Amount Requested: _____	Total Cost of Project: _____	
Project Period: Start date: _____	End date: _____	
<small>Month Day Year</small>	<small>Month Day Year</small>	

What area does your project fall under - Teacher Development OR Curriculum Development?

◇ Teacher Development: Area: _____

◇ Curriculum Development: Science Math STEM Religion Social Studies

Please only choose ONE primary curriculum focus

Technology Art/The Arts Other: _____

Principal Signature: _____ Date: _____

Application Instructions: Complete the following questions of the application on paper provided or using pdf fill-in online. Application must be typed (minimum type size of 10pt.) Layout and spacing must remain the same, and not exceed the space and pages provided. Please do not place application in a binder/cover or fax the application.

We have approximately \$20,000 available for all grants. The Augustine Educational Foundation traditionally does not fund more than 50% of the total cost of the project. Restrictions: Monies are NOT available for building improvements, construction/capital campaigns, furniture, equipment, technology hardware and teacher stipends. If you have questions about your grant, call Tonya Stevenson at 808-203-6748.

Project Information

A. Describe your project:

B. How will the project improve the curriculum at your school/group?

C. Where does the project fit into the general improvement plan for your school?

D. Estimate the number of teachers, students, staff, community people, etc., who will benefit from this project?

Project Budget

A. List All Project Costs by Item and Amount:

Total Cost of Project: _____
*Should be same amount as
Total Cost of Project on Cover Page

B. List ALL Funding Sources and/or Income *(List Name of Source and Amount, include AEF requested amount):*

Total Project Funding/Income: _____
*Total Project Funding/Income
should equal the Total Cost of Project.

Please review your budget carefully. Total Cost of Project should equal the same amount you have put on this line from the cover page. Total Cost of Project and Total Project Funding/Income should also be the same. You must list the funding/income necessary to cover the cost of the project, including the amount you are requesting from the AEF. Income (funding) must equal expenses (project cost).

Project Evaluation

A. How will you evaluate the effectiveness of the project?

B. How will you share the information/knowledge gained from this project with other students, teachers, staff, community members, etc.?

Other

*You may attach supporting documents. **Please limit supporting documents to five (5) pages.***

A. Please provide any statement, explanation or additional information you feel would support your request.