



Bremen Partnership for Education

Extracurricular Grant Grant Application Cover Page

Extracurricular Program Name: _____

Program Purpose: _____

Name of Applicant (Contact Person): _____

Phone: _____ Email: _____

Bremen Elementary Bremen Middle School Bremen High School

Number of Students Directly Impacted by Program: _____

Number of Students Indirectly Impacted by Program: _____

Amount Requested: _____

If the request is partially funded, will the program still be completed? Yes ___ No ___

(Please explain your answer in Question 8 of the Application narrative.)

Applicant Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

** For application purposes your activity, club, team or organization will be referred to as "Program".*



Bremen Partnership for Education

Extracurricular Grant Application

Maximum Grant - \$1,000

Application

The current or proposed activity, club, team or organization must be approved/sanctioned by Bremen Public Schools. Please attach a letter of approval from the school administration if you are applying for help for a new program. The application may be handwritten or typewritten. Please read the entire application and grant policy information before starting.

Your activity, club, team or organization will be referred to as “Program**”. Your specific grant request will be referred to as “**Grant**”.*

1. Grade Level(s) Involved: _____
2. **Program** Time Frame: School Year ___ All Year ___ Athletic Season ___ Other ___
Explain: _____
3. **Grant** Amount Requested: _____ Total Current **Program** Budget: _____
4. Can the **Grant** be used for more than one school year or season? Yes ___ No ___
5. Number of persons involved in the **Program** in each category:
 - Students: _____
 - Parents: _____
 - Teachers: _____
 - Other School Personnel: _____
 - Community Organizations: _____
 - Please list any Community Organizations involved:



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6. **Program** Description:

What is the purpose or goal of your activity, club, team or organization?

7. Describe the purpose for the **Grant** requested:

8. To help us better assess your need, please attach a detailed current budget for your **Program** to this application, if available. If unavailable, please give a general description of your organization's annual income and expenditures:



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9. Explain, if possible, the potential for continuation of this **Grant** in future years. Will additional funding be necessary? Yes ____ No ____ If yes, how much:

10. If the **Grant** receives only partial funding, could it still be completed? Yes ____ No ____

Explain:



For more information, please refer to the Teacher’s Classroom Grant Program Policy. Be sure to have the principal of your building or supervising administrator review the application and sign the cover page. Please return the completed Cover Page and Grant Application to Bremen Partnership for Education, Attn: Teacher’s Grant Program, 512 W. Grant St., Bremen, Indiana 46506. You may also drop off at the Administration building at 512 W. Grant St. or email the application to bpspartnership@bps.k12.in.us. All applications must be submitted by Friday April 25th, 2025 to be eligible. If you have questions please contact Mandy Kucera, Executive Director at bpspartnership@bps.k12.in.us or (574)-331-3060.

Additional **Grant** Request Information: