



Bremen Partnership for Education

Teacher's Classroom & Extracurricular Grant Application Cover Page

Grade/Class/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".*



Grant Application

Maximum Grant - \$1,000

For extracurricular grants, the current or proposed activity, club, team or organization must be approved/sanctioned by Bremen Public Schools. For classroom grants, the applicant must be a current teacher or educational staff member at Bremen Public Schools. Please attach a letter of approval from the administration if you are applying for help for a new program. The application may be handwritten or typed.

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 / Class** Description:

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

7. Describe the purpose for the **Grant** and how it will enhance the student experience:

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



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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:



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For more information, refer to the Grant Program Policy. The principal of your building or supervising administrator must review the application and sign the cover page. Return the completed Cover Page and Application to Bremen Partnership for Education, Attn: Grant Program, 512 W. Grant St., Bremen, Indiana 46506. You may also drop off at the Administration building or email the application to bpspartnership@bps.k12.in.us. If you have questions contact Mandy Kucera, Executive Director at bpspartnership@bps.k12.in.us or (574)-331-3060.

Detailed descriptions of items to be purchased must be provided either in this application or as an attachment. This should include links, screen shots from websites or quotes or estimates from retailers or service providers whenever possible

Additional **Grant** information, budget, estimates or purchase links can be provide below: