

Organization & Contact | Project/Program Details | Attachments | Review My Application

Organization & Contact

Printer Friendly Version | E-mail Draft

* Required before final submission

Helpful Tips

- Limit your use of bullets and other formatting.
- Copy and paste as needed.
- Log into your account at https://www.GrantRequest.com/SID_58417SA=AM to access saved & submitted applications (bookmark this page).
- Go back to main grant page at <https://powerofgood.com/grant/power-to-play-grants>
- Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.

School Information

* **School Name**

* **Tax ID**

* **Mailing Street Address**

* **City**

* **County**

<Select One> ▾

* **State**

<Select One> ▾

* **Zip Code**

If the billing address is different than above, please enter it here:

Include Street Address, City, State, Zip Code

School Contact Information

Who can we contact with questions about this application?

* **Prefix**

<Select One> ▾

* **First Name**

* **Last Name**

* **Title**

Example: Teacher, Choir Director, etc.

* **E-mail**

* **Primary Phone**

* **Mobile Phone**

Background Information

* **What is the level of educational attainment of the Principal/President of your school?**

Enter one: High School Graduate or Equivalent; Some college; No degree; Associate degree; Bachelor's degree; Master's degree; Professional degree; Doctorate degree

* **How many years of experience does the Principal/President have in the field?**

Enter a numerical value.

* **How many students attend the school?**

Enter a numerical value.

* **What is the average number of students in attendance daily?**

Enter a numerical value.

* **What percentage of students have free or reduced lunch?**

Enter a numerical % value.

* **What percentage of students are from minority population?**

Enter a numerical % value.

* **What is the average graduation rate?**

Enter a numerical % value.

* **How many teachers are employed at the school?**

Enter a numerical value.

* **What is the average teacher tenure (years) at your school?**

Enter a numerical value.

* **What percentage of teachers have a post-graduate degree?**

Enter a numerical % value.

Save & Finish Later

Next

Organization & Contact | **Project/Program Details** | Attachments | Review My Application

Project/Program Details

Printer Friendly Version | E-mail Draft

* Required before final submission

Project/Program Details

* **Total Project Cost** * **Amount Requested**

* **Number of other contributors**

Enter a numerical value. Enter 0 if none.

* **Other Contributors**

If applicable, list the contributor's name along with the amount of the pledge/anticipated funding. Enter N/A if none.

Grant Details

* **Projected Start Date** * **Projected End Date**

Do you need volunteer assistance with this project/program?

How many volunteers are you seeking?

* **Project/Program Title**

* **Description Of Your Program**

* **Why should we choose you?**

Athletics Program

* **How many hours per week do students practice?**

Enter a numerical value.

* **How many weeks per year do students practice?**

Enter a numerical value.

* **How many additional students can participate in an activity/sport because of this grant?**

Enter a numerical value.

* **How many coaches would be hired because of this grant?**

Enter a numerical value.

* **How many more pieces of equipment will be purchased?**

Enter a numerical value.

* **How many different sports teams will this affect?**

Enter a numerical value.

* **What percentage of school is involved in a sport?**

Enter a numerical % value.



Organization & Contact

Project/Program Details

Attachments

Review My Application

Attachments

[Printer Friendly Version](#) | [E-mail Draft](#)

* Required before final submission

Attachments

Instructions to Upload Attachments

1. Click Browse button
2. Select File from your computer
3. Click Upload button

* Project Budget

Project budget with an evaluation plan with specific criteria for judging the program's effectiveness.

No file chosen

Other Supporting Documentation (optional)

Additional documentation that is relevant to your project.

No file chosen

Certification

* **I am 18 years or older and have the authority to represent the school.**

By submitting this application, you certify that you have read and understand the grant guidelines. Further, you also certify that the funds will not be used in any prohibited fashion. You also certify that the funds will be used as outlined in the grant request/proposal.