



Stanwood-Camano Area Foundation

P.O. Box 1209

Stanwood, WA 98292

(360) 629-6878

Connecting People Who Care with Causes That Matter

**Stanwood-Camano Educational Enhancement Grant
2024 Application for Individual Grants up to \$500**

Applicant Information

Applicant Name: _____

Email: _____

Job Title: _____

School(s) or Department: _____

Project Proposal

Project Title:

A short title that clearly states what the grant is for.

Please be descriptive and clear. (e.g. Bunson Burners for Science Class)

Grant Amount Requested: _____

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Project Description:

Describe your project, including how many students will benefit, how the project enhances their education, and why it is needed. If this project is an after-school activity, provide information on how you will select students to participate.

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Student Outcomes:

List and describe specific student skills, abilities, or behaviors expected to result from this project.

Project Metrics:

Describe how you will evaluate the success of the project and the measurement(s) or assessment(s) you will use.

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Sustainability:

Will you or your school be able to reuse the materials you receive from this grant? Is this a project that once funded, can be repeated in years to come?

Funding Considerations:

Is this a project that has had funding in the past? Have you tried to get it funded in other ways?

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Project Timeline:

Include a brief timeline for this project and the anticipated completion date.

Project Budget:

Include itemized costs for this project. If using outside resources, attach cost documentation (program brochure and cost, equipment price list, etc.) Be sure to include the name of businesses that will be contracted. Include expenses necessary for the project even if provided by other funding sources.

SIGNATURES

Applicant: _____

Submit to office managers by April 15

School Administrator/Supervisor: _____

Send to District Office by April 22

Teaching & Learning: _____

Route for additional signatures:

- Name:** _____ **Signature:** _____
- Name:** _____ **Signature:** _____
- Name:** _____ **Signature:** _____
- Name:** _____ **Signature:** _____

Fiscal: _____

Send to SCAF by May 1