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# Learning Enhancement Grant

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2010 – 2011 School Year



POSTMARKED NO LATER THAN:  
JUNE 30, 2010

Submit To:

**Easthampton Learning Foundation**  
**PO Box 1100**  
**Easthampton MA 01027**

Phone: (413) 529-3354 Fax: (413) 529-9121  
E-mail: [elf@easthamptonweb.com](mailto:elf@easthamptonweb.com)

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# Learning Enhancement Grant Application

**Name of Project:**

**Name of School/s:**

**Student Grade Level/s:**

## Section I – Applicant Information

**Submitted by** (Project Leader/s):

Home Address:

Telephone Numbers: Work:

Home:

Cell:

Other:

Email Address:

## Section II – Proposal Objectives

**Objectives** (Describe project goals for enhanced learning):

## Section III – Participation and Subject Areas

**Anticipated number of students ( ) and teachers ( ) who will participate in program**

Subject area/s (check all that apply):

<input type="checkbox"/> English/Language Arts	<input type="checkbox"/> World Languages
<input type="checkbox"/> Social Studies	<input type="checkbox"/> The Arts
<input type="checkbox"/> Math	<input type="checkbox"/> Health
<input type="checkbox"/> Science	<input type="checkbox"/> Physical Fitness
<input type="checkbox"/> Technology/Applied Learning	<input type="checkbox"/> Other:

**Section IV – Learning Enhancement Achievement**

**Describe how learning enhancement goals will be achieved:**

**Describe Student Projects/Activities:**

**Anticipated Duration of Project:**

**Section IV - continued**

**Project Summary** (How will you measure & summarize student achievement/participation upon completion of project?):


**Section V – Project Resources and Materials (materials, equipment, printing, travel, postage, etc.)**

(Provide a detailed list of *all* resources required for the enhancement project and whether they are funded by other sources)

<b>Project Resource Description</b>	<b>In-Kind Outside Funds or ELF</b>	<b>Source</b> (Vendor Name, Distributor, etc.)	<b>Cost</b> (rounded whole dollars)
<b>Total Amount of Grant Request</b>			<b>\$</b>

**If funded, I/we will submit a summary of project outcomes, in written and/or media format to the Easthampton Learning Foundation *no later than three (3) months after project completion.* I/we understand that prior to making any changes in the grant proposal prior ELF Board approval is required.**

Teacher Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Attachments List: