

**Mary Chilton DAR Foundation  
Schoolroom Grant Application Form  
Section 1**

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**School Phone Number:** \_\_\_\_\_

**Principal Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please initial or check to verify the following:

- You have reviewed your completed proposal with your principal.
- You will complete the proposed activity or project on or before the last day of school in the current school year.
- You will share what you have learned from this project with other teachers in some professional format during this school year.
- You will submit a summary report of this activity or project to the Foundation within 30 days of its completion. Failure to return the Schoolroom Grant Evaluation Form may disqualify you from consideration for future awards.
- All of the information in this proposal is true and correct.

**Applicant:**

I verify I have prepared this grant application and agree to abide by the stated Schoolroom Grant Guidelines and Policies.

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

**Principal:**

I verify I have reviewed and approve the grant application for completion during the current school year and agree to abide by the stated Schoolroom Grant Guidelines and Policies.

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

Mary Chilton DAR Foundation  
Schoolroom Grant Application Form  
Section 2

*Do not use your name or school's name in this section.*

*Supporting documentation may be attached. Please use additional paper for more space.*

**Project Name:** \_\_\_\_\_

**Grade and subject you teach, which grade level(s) this grant will serve and approximately how many students will benefit:**

\_\_\_\_\_

**Describe the project or activity for which funds are requested:**

\_\_\_\_\_

**How will the grant funds be used:**

\_\_\_\_\_

**Anticipated project period:** \_\_\_\_\_

**Explain how the project relates to curriculum and teaching standards and the mission of the Mary Chilton DAR Foundation:**

\_\_\_\_\_

**Detailed budget for this activity including a list and amounts for any materials, professional services, or travel costs:**

\_\_\_\_\_

This application cannot be submitted electronically.

To submit your Schoolroom Grant Application, mail this form to:

Mary Chilton DAR Foundation

PO Box 90716

Sioux Falls, SD 57109-0716

Mary Chilton DAR Foundation  
Education Grants Evaluation / Assessment  
Section 3

If you received a grant for this proposal, you must submit this evaluation form within 30 days of the completion of your project or activity.

School / Teacher: \_\_\_\_\_

Project or activity this grant supported: \_\_\_\_\_

Amount : \_\_\_\_\_ Grant Date : \_\_\_\_\_ Evaluation Date : \_\_\_\_\_

Briefly describe the project or activity this grant supported:

\_\_\_\_\_

What objectives did this project or activity achieve? If your original objectives were not met, please explain why not:

\_\_\_\_\_

How many individuals benefited from this project or activity? \_\_\_\_\_

How did actual expenses compare with the proposed budget? \_\_\_\_\_

Describe the overall effectiveness of this project or activity:

\_\_\_\_\_

What continuing benefit do you expect to achieve from this project or activity:

\_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Send via mail to:  
Mary Chilton DAR Foundation  
PO Box 90716  
Sioux Falls, SD 57109-0716