



**Delaware Retired School Personnel Association**

PO Box 7262

Wilmington, DE 19803

**Partners in Education Grant Application**

*Send completed application to this address or email to email@drspa.org*

**School Information:**

School Name \_\_\_\_\_ District \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City St Zip \_\_\_\_\_

**Grant Information:**

Your Name \_\_\_\_\_ Email \_\_\_\_\_

Your Position \_\_\_\_\_ Telephone \_\_\_\_\_

Proposed Project Title: \_\_\_\_\_

Project Description:

Project Objectives & Goals (How will this project improve student performance? Include at least one national or state performance standard.)

How will you determine that student performance improved?

Specific Project Activities

Anticipated purchases with grant funds

Grades served by proposed project \_\_\_\_\_ Number of children served by project this school year \_\_\_\_\_

Ability of goods or services purchased with grant funds to be used beyond this school year.

Amount of Funding Requested (\$500 maximum) \_\_\_\_\_ Total Cost of Project \_\_\_\_\_

**Signatures:**

Principal \_\_\_\_\_ Date \_\_\_\_\_

You \_\_\_\_\_ Date \_\_\_\_\_