



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 drspaemail@gmail.com
Applications are accepted from Aug 1st to Nov. 30th.*

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

Please list items you would like to purchase. (Please be as specific as possible in identifying and pricing these items)

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 (\$1,000 maximum) _____ Total Cost of Project _____

Signatures:

Principal _____ Date _____

You _____ Date _____