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|  | Hazleton Area Education Foundation |

# Funding Application

The Hazleton Area Education Foundation was incorporated as a Pennsylvania nonprofit corporation on September 11, 2012 and obtained tax exempt status in September 2014.  It is a privately operated 501 (c) (3) non-profit charitable organization established to assist the Hazleton Area School District.

Applications must be submitted by a Hazleton Area School District Employee on behalf of his/her students. Max amount of money available per application is $1,500.00.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Email: |  |  |
|  | Email Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| School: |  |  |  |
|  | School Name | Grade | Subject |

|  |  |  |
| --- | --- | --- |
| Phone: |  |  |

|  |  |  |
| --- | --- | --- |
| Date Submitted: |  |  |

CRITERIA FOR FUNDING REQUESTS:

* Be innovative
* Curriculum based
* Benefits the students learning environment
* Be self-sustaining

|  |  |
| --- | --- |
| Title of Proposal: |  |

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| --- | --- |
|  |  |

Description of project:

|  |
| --- |
| Funding amount requested: $\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Funding received from other sources: $\_\_\_\_\_\_\_\_\_\_\_\_ |

TOTAL PROJECT COST: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Project Requirements

1. **Be Innovative.**

Is this a new initiative for your school? YES or NO

What makes this initiative innovative/unique?

1. **Benefit many students.**

How many students will benefit from this program?

What grade level(s)?

Subject area(s)?

How will the students benefit?

1. **Adhere to curriculum guidelines.**

Why is this project important to Hazleton students?

Does this program/purchase comply with curriculum guidelines? YES or NO

Has prior approval been received by Department Chair and Principal? YES or NO

1. **Be self-sustaining.**

Has this program been funded by a Hazleton grant within the past two years? YES or NO

Is the amount requested the total amount needed to run this program? YES or NO

If no, what is the minimum amount needed?

Can the program run if the Foundation does not fund the total amount requested? YES or NO

Have you pursued other funding sources? YES or NO

If yes, how much and from where?

1. **What is the anticipated duration for this project/program?**

Start Date: End Date: Payment Deadlines:

1. **Attach another page with a complete description of the project/program, a detailed cost breakdown, and financial resources. Please also explain sources of other funds available to complete the project/program if applicable**.

All approved requests require finalized receipts or purchase orders as well as a follow-up description of the outcome of the project. This can either include periodic updates or one whole update. Photographs, videos, and written information will be necessary upon completion of the project/program. Deadline for submissions are December 1st, 2024.

Please submit your applications via scan email to:

Wister Yuhas

yuhasw02@hasdk12.org

Lead Teacher Approval (sign and date):

Principal Approval (sign and date):

Department Chair (high school only required)(sign and date):