**District Five Foundation**

**Student Research Grant Fund Application**

**2021**

*By applying for this grant, I agree to provide to the District Five Foundation the final budget expenditure report, written comments about the value of this research grant to other students or the larger community, pictures of the project work-in-progress by July 1 of the project school year and to give credit to the Foundation in any written, spoken, or media presentation about the research project.*

**Date:**

**Name(s) of Student Applicant(s): Grade:**

**Student(s) contact information (include for all students involved):**

**Phone number(s):**

**Email address (not school email):**

**Student Home Address:**

**Name of teacher sponsor:**

**School:**

**Course Title**:

**Phone number(s):**

**Email address:**

**Home School:**

**Project Title:**

**Total Funding Amount Requested (not to exceed $500):**

**Project Description:**

1. **Project Abstract: (3-4 well written sentences that summarize your project)**
2. **Describe your project (maximum 750 words):**
   * What are you doing?
   * Why is it important?
   * Who will it benefit?
   * How is your project/product different and/or similar to other projects?
   * How do you plan to do it?
   * What do you expect to find (your results) or what do expect to make or what will happen?
   * How will you analyze or revise your project?
   * How will you know if you were successful?
   * Has your teacher approved your project and budget?

2. **Include a timeline with expected start and completion dates**

* + Give what you will do *specifically in each month* for the duration of your project
  + **Grant Timeline**

|  |  |
| --- | --- |
| **Dates** | **Project work and activities** |
| October |  |
| November |  |
| December |  |
| January |  |
| February |  |
| March |  |
| April |  |
| May |  |

3. **Do you have other sources of funding:**

* + Will you be using any school equipment, materials, or resources?
  + Will you be using anything from home?
  + Will you be purchasing anything on your own?

4. **Budget items requested (not to exceed $500):**

* Include all items that will need to be purchased
* Include tax and shipping if applicable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *2*  ***Budget for Student Grant Request*** | | | | |
| **Item Name** | **Vendor (with hyperlink)** | **Item Price** | **Quantity** | **Total Price** |
|  |  |  |  | $0.00 |
|  |  |  |  | $0.00 |
|  |  |  |  | $0.00 |
|  |  |  |  | $0.00 |
|  |  |  |  | $0.00 |
|  |  |  |  | $0.00 |
|  |  |  |  | $0.00 |
|  |  |  |  | $0.00 |
|  |  |  |  | $0.00 |
|  |  |  |  | $0.00 |
|  |  |  |  | $0.00 |

Please describe any other sources of funding and what will be purchased with these other sources:

How will you give credit to the District 5 Foundation?

Signature of Student Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Teacher sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name(s) printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The Lexington Richland School District 5 Foundation has permission to use photos of the following student related to the academic project the Foundation is funding for the student and also to use information about the student’s academic project the Foundation is funding for the purpose of publicity and fund raising.

Student’s name (please print):

School:

Project is for this course or club:

Student’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



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