



**ST. HELENA**  
**PUBLIC SCHOOLS FOUNDATION**

*Cultivating better schools. Harvesting brighter futures.*

**TEACHER SUMMER WORKSHOP APPLICATION FORM**

(Form used by teachers to apply for a Summer Workshop Grant)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

NAME AND LOCATION OF WORKSHOP: \_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_

DATE OF WORKSHOP: \_\_\_\_\_ REGISTRATION DEADLINE: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

**GUIDELINES:** We pay for registration only. Airfare, lodging, meals, mileage, parking or incidentals are not covered.

**A COPY OF YOUR SPECIFIC WORKSHOP APPLICATION FORM MUST BE ATTACHED.**

An evaluation form for any approved grant must be received before the 1st day of school. Failure to do so will affect your eligibility for any future Foundation grants in any grant category.

**CRITERIA:** The workshop should be curriculum based and benefit as many students as possible.

GIVE A BRIEF OVERVIEW OF THE WORKSHOP YOU PLAN TO ATTEND:

STATE YOUR REASONS FOR WANTING TO ATTEND THIS PARTICULAR WORKSHOP:

EXPLAIN HOW YOU EXPECT THIS WORKSHOP TO ENHANCE AND/OR ENRICH YOUR CURRICULUM:



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**POINTS OF AGREEMENT FORM**

TYPE OF GRANT: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

- 1) Funds are only available **until the first day of the Fall Grant Period.**
- 2) Any funds issued for this request, but not spent, must be returned to the Foundation.
- 3) Upon completion of the workshop, an evaluation must be completed and returned to the Foundation.
- 4) Equipment and materials purchased shall remain at the school and are property of the district.
- 5) Your signature is required signifying agreement to the listed terms before money will be granted.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please complete the above and return with your grant application.**

*For Office Use Only:*

DATE APPROVED: \_\_\_\_\_ AMOUNT APPROVED: \_\_\_\_\_



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## TEACHER SUMMER WORKSHOP GRANT EVALUATION FORM

APPLICANT: \_\_\_\_\_ TITLE OF WORKSHOP: \_\_\_\_\_

GRANT NUMBER: \_\_\_\_\_ SCHOOL/GRADE LEVEL: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_ AMOUNT GRANTED: \$ \_\_\_\_\_

TOTAL SPENT ON WORKSHOP: \$ \_\_\_\_\_ WORKSHOP COMPLETION DATE: \_\_\_\_\_

DID THIS WORKSHOP MEET YOUR EXPECTATIONS?

WOULD YOU RECOMMEND THIS WORKSHOP AGAIN? HOW COULD IT BE IMPROVED?

DO YOU HAVE ANY ADDITIONAL COMMENTS?

*Thank you! Your response plays a very important part in maintaining program quality, and in evaluating future grants.*