

**Immersive Student Entrepreneurship
Grant Applications**

Due Date: Applications will be accepted and reviewed on a rolling basis until the funds are expended.

Name of School(s) Applying: _____
(Should be same as on IRS determination letter and as supplied on IRS Form 990)

Administrator/Organization Chief Executive: _____

Administrator's E-mail Address: _____

Administrator's Phone Number: _____

Contact person/title/phone number:
(if different from administrator): _____

Address *(principal/administrative office)*: _____

City/State/Zip: _____

Purpose of Grant *(No more than two sentences)*:

Dates of the Project: _____

Amount Requested: \$_____

Geographic Area Served: _____

Grade Level Served: _____

Number of Students Served: _____

Percent of students served from the Northeast Region: _____

Signature, Applicant

Typed Name and Title

Date

1. **Program Proposal** (*No more than one and a half pages*): Please provide details of your proposal to provide immersive entrepreneurship opportunities to area students. Your description should discuss the grade level and number of students projected to participate, the class(es) and curriculum utilized, the role of students throughout the program and how your proposal leverage the unique assets available to your organization.
2. **Statement of Need** (*No more than a half page*): Please provide a brief narrative as to the need for and benefit of this program for your students, school and broader community.
3. **Other Partners** (*No more than a half page*): When pertinent, please provide a brief description of any additional partners that will be involved in this program and how they will contribute to its success. At least one partner must be a local school.
4. **Timeline** (*No more than one page*): Recognizing that participation in this grant program requires a minimum of a one-year commitment, please provide a detailed timeline regarding the programs trajectory. If possible, please provide any insight into how this year's grant funding and programming could extend beyond the current school year.
5. **Budget Request** (*No more than one page*): Applicants are eligible to apply for up to \$5,000. Provide a brief budget request for your proposal. Please include the program's total budget as well as any other donated or leveraged funds as part of this description.
6. **Evaluation** (*No more than a half page*): Successful grants applicants will be expected to report on the status and result of their grant funded program as well as advise the CDC of the benefit, need for, and feasibility of continuing this grant program. Please describe how you will define and measure success. How do you plan to evaluate the program?
7. **Business Support** (*No more than a half page*): Please provide insight as to how you best think a regional adult entrepreneurial network could assist you in your efforts.
8. **Local School Support** (*No more than a half page*): A short description of the collaboration with the local school.
9. **Letters of Recommendation** – One letter of recommendation is required from the local schools that will be a partner in this project. Other letters of recommendation are welcome.