



YSEF

YORK SUBURBAN
EDUCATION FOUNDATION

YORK SUBURBAN EDUCATION FOUNDATION GRANT APPLICATION

Proposal Guidelines

- Provide a significant and defined benefit to the target beneficiaries.
- Represent a new (or rethink an existing) educational initiative.
- Have potential for replication or dissemination among teachers and/or schools.
- Be outside the normal budget or planning considerations.
- Projects might also explore use and integration of new technologies, expand student experiential learning opportunities and/or engage families and/or communities in education.
- Have the approval of an administrator in the building where the program will be delivered.

Proposal Narrative *(to be attached)*

- Describe the project in detail. Include its benefits, objectives, innovative qualities and target beneficiaries in accordance with the criteria previously set forth.
- Explain how the project will be evaluated.
- Provide a detailed itemization of expected expenses.
- Note: At the conclusion of the project, recipients of the grants are expected to submit a detailed report to the YSEF describing project results and a full accounting of expenses.

For Office Use Only

Date Received: _____

Disposition: _____

Date: _____

How do I apply?

Grant applications are due by February 1. To expedite the approval of your application, be sure to include all of the requested information. This application is available for download at www.YSEF.org.

Mail applications to:

York Suburban Education Foundation
1800 Hollywood Drive York, PA 17403

Submit applications by email to: Info@YSEF.org

If you do not receive verification that we have received your grant application within 5 business days after submission, please call YSEF at the phone # below.

Questions?

Call (717) 885-1122

Name of Applicant(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: *(daytime)* _____ *(evening)* _____

E-mail Address: _____

Title of Proposed Project: _____

Requested Grant Amount: \$ _____

Proposal Narrative: *Attach description that includes innovative qualities.*

Estimated # of students to benefit from grant in first year? _____

Will fund purchases be reusable in future years? _____

Which YSSD Building(s) will the grant be implemented (VV, YS, EY, IR, MS, HS): _____

Grant Applicant Signature: _____

Applicant Title: _____

Date: _____

Approving Administrator Signature: _____

Administrator Title: _____

Date Approved: _____