

# Beyond Limits Project

Grant Request Form: Read Naturally Program

2025–2026 School Year

Instructions: Please complete all sections of this form. Completed applications will be reviewed by the Beyond Limits Project Grant Committee. Schools selected for funding will be notified by email.

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## Section 1: School Information

- School Name: \_\_\_\_\_
- Principal's Name: \_\_\_\_\_
- Grant Contact Person (if different): \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- School Address: \_\_\_\_\_

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## Section 2: Student Population

- Total Enrollment: \_\_\_\_\_
- Grade Levels Served: \_\_\_\_\_
- Percentage of Students Economically Disadvantaged (Title 1 eligibility): \_\_\_\_\_ %
- Percentage of Students Reading Below Grade Level (as of most recent benchmark):  
\_\_\_\_\_ %

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### **Section 3: Designation of Need**

(Please describe the specific literacy challenges your students face and why the Read Naturally program would address these needs. You may include data, assessment results, or observations.)

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### **Section 4: Program Implementation Plan**

(Please describe how your school will implement the Read Naturally program if awarded. Include details such as grade levels/number of students served, teacher/staff involvement, program integration with existing literacy interventions, and expected outcomes.)

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### **Section 5: Commitment**

By signing below, the school acknowledges that if awarded the grant, it will:

- Use the funds exclusively for the Read Naturally program.
- Designate a staff member to oversee program implementation and data collection.
- Share progress and outcome data with Beyond Limits Project to evaluate program effectiveness.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Submission Instructions**

Please email the completed form to:

 [beyondlimitsprojecttx@gmail.com](mailto:beyondlimitsprojecttx@gmail.com)

