

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.

Section 1: School Information

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

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.)

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.)

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

