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AI-generated content may be incorrect.**

**2025-26 GRANT APPLICATION**

(For academic and cultural enrichment programs)

**PLEASE NOTE: All grant recipients are expected to complete a post-event evaluation form which will influence the determination of future awards.**

The Friends of White Plains Public Schools, a 501(3)(c) non-profit, provides grants for academic and cultural enrichment programs, projects, activities and other special needs not included in the District’s annual budget.

We welcome grant applications from teachers, coordinators, and administrators. The grants we approve include in-school visits by artists/scholars/experts with students in classrooms or assemblies; STEM programs; nature programs; cultural and educational events; learning tools that will directly benefit students; as well as class, grade, school or District activities that increase student confidence and love of learning and, ultimately, student academic success.

The Friends encourages grants that reflect and enhance the curriculum and benefit a significant number of students. Grants usually fall with the $500 to $3,000 range.

# \*Applicant(s) \*Building/Grade/Class \_\_\_\_\_\_\_

**\*E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*School Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. INFORMATION ABOUT THE PROGRAM, PROJECT OR ACTIVITY**

**Name of Program** \_\_\_\_\_\_\_\_\_\_\_ **Proposed Dates** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please include the following information about the program on this form or on attached pages:
  + Description of the program and how it will benefit students \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Explain how the program fits into or complements the curriculum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + If applicable, describe the guest artist’s/scholar’s role in the class/activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Number of students involved, in which grades \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
  + Describe any planned Pre/ Post Activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + How will the program be evaluated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Other helpful information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **GRANT AMOUNT SOUGHT** $

* Please explain the rationale for the amount you are seeking. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Will this be your only source of funding? \_\_\_ If not, where will other funding come from? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Will the program take place, or school/student need be met, if the grant is not awarded? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **APPLICANT(S) SIGNATURE(S**) Date \_\_ \_

# COORDINATOR / PRINCIPAL SIGNATURE Date \_\_

*Please forward any questions and the completed application to* [*dhernacki@gmail.com*](mailto:dhernacki@gmail.com)

**Friends of White Plains Public Schools PO Box 1133, White Plains NY 10602 FriendsofWPPS.org**