



## What's Your BIG IDEA? WSFEE's Grant Application

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### GRANT SUMMARY

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DATE: GRANT TITLE:

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#### TYPE OF GRANT:

- |   |   |
|---|---|
| <input type="checkbox"/> One-time purchase            | <input type="checkbox"/> Multi-event or ongoing program       |
| <input type="checkbox"/> Single-event program         | <input type="checkbox"/> Teacher/staff/administrator training |
| <input type="checkbox"/> Other (Please explain) _____ |   |
- 

#### DISCIPLINE AREA(S) IMPACTED *(Check all that apply):*

- |   |   |
|---|---|
| <input type="checkbox"/> Engineering                  | <input type="checkbox"/> Science            |
| <input type="checkbox"/> Fine arts                    | <input type="checkbox"/> Social development |
| <input type="checkbox"/> Literacy and language arts   | <input type="checkbox"/> Social studies     |
| <input type="checkbox"/> Mathematics                  | <input type="checkbox"/> Technology         |
| <input type="checkbox"/> Physical education/health    |   |
| <input type="checkbox"/> Other (Please explain) _____ |   |
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#### HAS THIS IDEA (OR SOMETHING SIMILAR) BEEN DONE IN THE DISTRICT BEFORE?

- ☐ No
- ☐ Yes *(Provide year(s), indicate if WSFEE funded it, and briefly describe overall feedback received)*
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#### HAVE YOU REACHED OUT TO YOUR SCHOOL PRINCIPAL OR AN ADMINISTRATOR ABOUT YOUR IDEA?

- ☐ No *(If not, please do so as administrative support of potential time/space/staff commitment is critical to implementation success)*
- ☐ Yes

Please save this form to your computer. Please email your completed application and any supporting materials to [grants@wsfee.org](mailto:grants@wsfee.org) or email us with any questions.

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# GRANT DETAIL

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**What’s your idea? *(Details are helpful but please keep it to within 250 words)***

**How will your idea unlock a new learning opportunity, address deficiencies, or inspire and engage District 101 students?**

**Who will benefit from your idea?**  
***(List the school(s), grade level(s), and approximate number of students)***

**Thank You For Sharing Your BIG IDEA!**

**What is the potential for continued benefits after the funding period or for implementing your idea in the future at other District 101 schools or for additional grades?**

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## **TIMING AND COST**

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**When will your idea take place? *(If applicable, provide starting and completion dates)***

**How much will your idea cost?**  
***(Please provide a detailed budget of estimated expenses to include any registration fees, material costs, maintenance costs, shipping charges, taxes, or educational discounts)***

**If WSFEE cannot fund the entire amount of your idea, are there cost sharing options? *(i.e., District 101, PTO/PTA, other schools)***

**Thank You For Sharing Your BIG IDEA!**

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## IMPLEMENTATION

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**Who will implement your idea?**

**How will you determine if your idea was a success?**

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## ADDITIONAL INFORMATION

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Any additional comments or information? *(Email any supporting materials and list below any websites with additional information you would like us to view)*

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## APPLICANT INFORMATION

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NAME:

HOME PHONE:

CELL PHONE:

EMAIL ADDRESS:

MY SCHOOL(S):

MY ROLE (E.G., PARENT, TEACHER, ETC.):

**Thank You For Sharing Your BIG IDEA!**

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