

GSACS Education Foundation - FUTURES FUND Application

School Name:

Applicant:

Registered Charity:

Charity No.:

Principal Sign-off:

Date:

School Council sign-off:

Date:

By inputting your name, representing the school or the parent council, you are supporting this application.

Total cost of this initiative/project:

Total funds available from other sources:

Total funds being requested for this application:

Will this initiative proceed without this grant:

Project/Initiative title:

Impact to Students:

- Select group (under 10)
- Individual classroom
- Entire school

The following questions look for how your project aligns with the key principles of the Foundation and Division values. Answers as many as applicable to your funding request. Please limit your response to available space or 200 words maximum for each.

1 Provide a clear explanation of what the funding will be used for.

2 How will the funding enhance or support learning?

3 Does this funding allow you the opportunity to be innovative and/or creative?

4 Explain how this initiative will enhance faith in your learning or school community.

5 Explain how this initiative will enhance relationships and/or a sense of community in your school.

6 Explain how this initiative will enhance engagement and/or evoke passion for learning in your school community.