



## Educational Grant Application Form



Applications will be accepted from organizations or individuals in the Kansas Square Dance Association Membership Area. Grant money can only be awarded for educational activities related to Square Dance, Round Dancing, Clogging, Contra, Country Line and Folk Dancing. Grant money will be paid directly to the grant recipient upon receiving copies of paid statements and/or receipts.

Grants will be judged by their educational merit and their overall benefit to the square dance activity.

Grants apply to activities started and completed within one year of grant approval. Grants will not necessarily provide 100% of the project funding. Grants will be awarded at the April (*deadline March 15*) and October (*deadline September 15*) 57<sup>th</sup> National Square Dance Convention®, Promenade On The Prairie, Inc. Board Meetings.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Funds Requested For \_\_\_\_\_

(Lessons, Conference expenses, Conduct seminar, Educational material etc.)

Amount Requested \_\_\_\_\_ Date of Project \_\_\_\_\_

Give Contact Information if different from above.

1. State the square dance history of the individual/organization making the request (*membership in square dance organizations, number of years and offices or committees served*).

2. Describe the educational project, (*Lessons, educational event, etc.*).

3. Briefly state how the project will be implemented. What steps will be taken to achieve success. When will these actions take place.

4. State the expected results from the project. What specific goals are hoped to be achieved. How the project qualifies as an educational event for square dancing.

5. Include the total budget amount, other funds that are committed and the amount of the request. (*Rental of building and equipment, transportation, housing, food, telephone, insurance, utilities, wages, etc.*)

6. In evaluating how will the goal's achievement be determined. What measurement will be used to evaluate progress.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Office if an organization

Send Application to: David & Sherry Hubbard, 2277 First Road, Junction City, KS 66441- 8739

Form may be extended to additional pages. (Revised 8-21-11)