## **Medicine Hat Catholic Schools' EDUCATION FOUNDATION**

1251 1st Avenue SW, Medicine Hat, AB T1A 8B4 Phone (403) 502-8351 www.mhcbe.ab.ca



## **GRANT APPLICATION**

Please complete all information: (print)		
School	Contact Person	
Name of Project/Event		
Date of Project/Event		
Amount requested from Foundation \$	Total cost of pi	oject \$
Amount expected to be donated to the Found	lation in support of project	\$
How will funds be used? (Include details about the	ne project and the educational o	pportunity component)
		·
Foundation office use only:		
Date received	Date & Amount Approved	
Amount Requested	_ Amount Rec'd (donations) _	
Amount Paid For		Cheque No.
Amount Paid For		Cheque No.
Presentation at Board Meeting		
		Davided Ives 2016

## 3 CRITERIA FOR GRANTS

1.		ne opportunity must demon ne Hat Catholic Board of Ed		elop Cathol	ic Christian Leadership within the Med	<b>i</b> -
			p leadership for one o Professional Staff Other (i.e. volunteers)	r more of the	e following:	
		Explain how the opportunity	develops leadership (	use additiona	l page if required).	
		Explain the Catholic Christian	element in the opportu	nity (use addit	ional page if necessary).	
2.		e opportunity must be in al Education as follows:	ignment with the mis	sion and vis	sion of the Medicine Hat Catholic Board	i
	<u>N</u>	<u>Mission</u>		<u>Vision</u>		
	v	n partnership with family, Churc ve provide Catholic Education of o our students.		■ Le ■ Ch	-centered community committed to: arning Excellence ristian Service ving Christ	
3.	Th	ne project must be in alignn	nent with the values a	and principl	es of our Catholic Faith:	
		Does the opportunity meet of Catholic Board of Education:		wing Princip	oles of Practice of the Medicine Hat	
		☐ Model Christ☐ Service	☐ Prayer☐ Strive for Exc	ellence	☐ Build Community	
		Explain how the opportunity	meets each of the prin	nciples check	xed off (use additional pages if required).	

## Further preference will be given to opportunities that meet the following criteria:

1.	The opportunity is outside the core funding (basic education) as it is defined by the school board.
	□ Yes □ No
2.	The opportunity has the potential to raise the Foundation's visibility and profile in the community.
	□ Yes □ No
	If Yes, how will it raise the Foundation's profile? (Use additional pages if required)
3.	It is preferable that the opportunity is for a group of participants – the more participants the higher the
	project will score.  ☐ One participant ☐ More than one participant - how many?
4.	The opportunity must attempt to access funding from other sources.
	Has attempt been made to access other funding? □ Yes □ No
	What other sources have been accessed and how much was provided from those sources? (Use additional pages if necessary)
5.	If the opportunity is professional development, the applicant must demonstrate that other sources of funding (ie Individual PD funds) have been utilized.
	Have other sources of funding been utilized? $\square$ Yes $\square$ No
	Provide details on other sources that have been accessed and how much was accessed from each source? (Use additional pages if required)
	<del></del>
6.	The participant(s) must demonstrate a willingness to provide a presentation and feedback to the Foundation.
	Are you willing to make a presentation to the Foundation at a future meeting?   Yes   No

APPROVAL SIGNATURES:		
Applicant	Date	
Principal		
Superintendent	Date	
ace for additional information.		