

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 project \$ _____

Amount expected to be donated to the Foundation in support of project \$ _____

How will funds be used? (Include details about the project and the educational opportunity 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 _____

3 CRITERIA FOR GRANTS

1. The opportunity must demonstrate that it will develop Catholic Christian Leadership within the Medicine Hat Catholic Board of Education

Does the opportunity develop leadership for one or more of the following:

- | | |
|--|--|
| <input type="checkbox"/> Students | <input type="checkbox"/> Professional Staff |
| <input type="checkbox"/> Support Staff | <input type="checkbox"/> Other (i.e. volunteers) |

Explain how the opportunity develops leadership (use additional page if required).

Explain the Catholic Christian element in the opportunity (use additional page if necessary).

2. The opportunity must be in alignment with the mission and vision of the Medicine Hat Catholic Board of Education as follows:

Mission

In partnership with family, Church, and community, we provide Catholic Education of the highest quality to our students.

Vision

A Gospel-centered community committed to:

- Learning Excellence
- Christian Service
- Living Christ

3. The project must be in alignment with the values and principles of our Catholic Faith:

Does the opportunity meet one or more of the following Principles of Practice of the Medicine Hat Catholic Board of Education:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Model Christ | <input type="checkbox"/> Prayer | <input type="checkbox"/> Build Community |
| <input type="checkbox"/> Service | <input type="checkbox"/> Strive for Excellence | |

Explain how the opportunity meets each of the principles checked 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? Yes No

Provide details on other sources that have been accessed and how much was accessed from each source?
(Use additional pages if required)

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

Date

Superintendent

Date

Space for additional information.