



Dripping Springs Education Foundation Student Leadership Grant Application

(This section to be filled out by the Student):

Name of Proposed Program: _____

Student Applicant Primary Contact _____

Other Student Leaders Involved: _____

Faculty Sponsor: _____

DS Campus: _____

Email address of Faculty Sponsor: _____

Grant amount requested: _____

Describe what you propose to accomplish.

How many students do you expect to be involved in this program and what will they do?

How will this program benefit others?

How will this program support the mission of DSISD to “inspire and equip students to be lifelong learners and positive contributors to the world”?

How will you, as student leaders, grow in your leadership abilities through this program?

What will the grant money be used for? Please be as specific as possible, and include a list of items, materials, and/or services to be purchased, with estimated prices/costs. Use an extra sheet if needed.

Is this a one-time program, or can it be continued in the future? Can this program continue without further grant funding from the Education Foundation in the future? If so, how?

Will what you do create a need for the District to spend additional money or time maintaining the product or the program? If yes, please describe.

Why is this program important to you?

(This section to be filled out by the Faculty Sponsor):

How will you be involved in helping this student or group of students execute their program?

What do you expect the students involved to gain from this experience?

Why are you interested in sponsoring this group?

Student Applicant Signature

Faculty Sponsor Signature