



NELSON COUNTY EDUCATION ENDOWMENT FUND RAGLAND GIFTED EDUCATION GRANT APPLICATION

This Application is accompanied by a Grant Program Overview that explains the grant guidelines for this program. If your copy does not include this Overview, please contact the Endowment Fund at the phone number below to obtain a summary before completing this application. The application can be typed or handwritten. If handwritten, please print clearly! If you need additional space to answer a question, attach additional sheets as necessary.

To be considered for funding, one copy of this application must be delivered by the deadline to:

The Nelson County Education Endowment Fund, Inc.
Attn: Vivian Fleenor
288 Wildcat Lane
Bardstown, KY 40004

See the Program Overview/Guidelines for additional information about the application process. Contact Vivian Fleenor, Executive Director, at 349-7000 with questions.

SCHOOL INFORMATION



SCHOOL ADVANCING APPLICATION: _____

COORDINATOR/CONTACT PERSON: _____

PHONE (WORK): _____ **PHONE (HOME):** _____

DATE OF INTENDED ACTIVITY: _____

DATE OF SUBMISSION: _____

AMOUNT REQUESTED:\$ _____

PROJECT NAME: _____

ESTIMATED # OF GIFTED STUDENT PARTICIPANTS: _____

GRADE LEVEL _____ **SUBJECT:** _____



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GOAL

Briefly describe the Goal of the Project. (Include a statement of need, and how the target Gifted population will benefit from the project.)

SUMMARY

Describe the project in more detail. (Include answers to the following questions: How is the project unique? Why was this project selected? What is the project timeline? What will be the project impact? What activities need funding?)



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EDUCATION PROGRAM

Describe how this project would fit in with the Gifted Education Program/Consolidated Plan at your school. (Include examples of instructional follow up.)

EVALUATION

Describe the Evaluation tool that will be used to measure the effectiveness of the project and indicate what would be returned to the NCEE Board of Directors as evidence of that effectiveness.



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BUDGET

Describe the project budget. Please be as specific as possible.

Type of Expense	Amount of Expense
Instructional/Educational/Research	\$ _____
Instructional Materials	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenses	\$ _____

PROJECT INCOME
Amount requested from NCEEF \$ _____

Other income sources (if any):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Mini-Grant Contact

Principal Signature

Note: All expenditures must be supported by receipts signed by both the contact person and the principal.