

# STUDENT ENRICHMENT GRANTS

## Dual Credit and LaGrone Complex

The goal of the Student Enrichment Grants is to provide funds for students in grades 11-12 to participate in Dual Credit courses and/or to attend the Advanced Technology Complex (ATC) of Denton ISD. The following items are eligible for the grant(s):

- ▶ **Dual Credit** - Tuition, textbooks, and fees offered in partnership with the local community college
- ▶ **ATC** - Transportation assistance for students who attend classes at the ATC.

### APPLICATION GUIDELINES

**Grant Application & Grant Information Page must be typed for consideration. Must include 3 copies to committee.**

*Please read carefully to understand guidelines and expectations.*

#### Dual Credit Classes

**Application Deadline(s):** Fall – April 15<sup>th</sup> / Spring – Nov. 15<sup>th</sup>

**Award Range:** Up to \$400 per semester

**Funding:** Funds will be sent to the college

**Requirements:**

- A letter of recommendation
- Must maintain a 3.0 average in college classes
- Provide an official transcript at the end of each semester

#### Advance Technology Complex

**Application Deadline:** May 15<sup>th</sup>

**Award Range:** Up to \$600 per school year

**Funding:** Funding through the PISD Administration office

**Requirements:**

- A letter of recommendation
- Must maintain a 'B' average at the ATC
- Provide evidence of grades and attendance each six weeks

#### **Notification of Recipients and Awarding of Funds:**

Recipients will be notified within 30 days of application submission.

Number of grants funded will depend upon funds

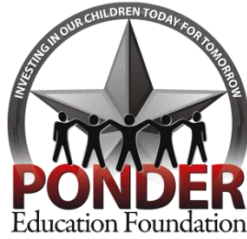
#### **For Parents:**

As the parent/guardian, I certify that the information on this application is true and accurate and I understand the importance of my child attending the enrichment activity. If my child does not attend the enrichment activity 85% of the time, I understand I am responsible for reimbursing the Ponder Education Foundation and my child will not be eligible to apply for another Foundation grant for one year.

\_\_\_\_\_  
Printed name of parent/guardian      Signature of parent/ guardian      Date

#### **High School Administrator or Counselor Authorization:**

\_\_\_\_\_  
Printed name PHS personnel      Signature of PHS personnel      Date      Code



# APPLICATION FOR STUDENT ENRICHMENT GRANT

## Dual Credit and LaGrone Complex

**Note** – Review of proposals is anonymous. The previous page and this page will not be included as part of the review process. Consideration of your request will be based on; 1). The Grant Information Page, 2). Letter of Recommendation, and 3). The High School Administrator or Counselor Authorization.

### **SECTION 1**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Have you applied for a PEF grant before? \_\_\_\_\_

Have you applied for other grants? \_\_\_\_\_ If so, please list sources and amounts \_\_\_\_\_

### **SECTION 2** (Complete for Dual Credit Grant Application)

Name of college \_\_\_\_\_ Location \_\_\_\_\_

Course Title 1 \_\_\_\_\_ Course Title 2 \_\_\_\_\_

Date class(es) begin \_\_\_\_\_ Date class(es) end \_\_\_\_\_

Amount requesting: \_\_\_\_\_

### **SECTION 3** (Complete for Advance Technology Center Grant Application)

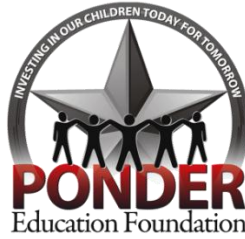
Course Title 1 \_\_\_\_\_ Course Title 2 \_\_\_\_\_

Will you be carpooling with another student? \_\_\_\_\_ If so, who? \_\_\_\_\_

Amount requesting \_\_\_\_\_

### **SECTION 4** (Checklist) – *For Office Use only*

\_\_\_ Application    \_\_\_ Typed    \_\_\_ Three (3) copies    \_\_\_ Recommendation letter    \_\_\_ Date Rec



## GRANT INFORMATION PAGE

### Dual Credit and LaGrone Complex

**Directions** – Please TYPE your answers to question 1-5 in 150 words or less on a separate sheet of paper. Be as detailed as possible and be aware this is the only page that will be evaluated by the Review Committee. All decisions are based on the information below plus the Recommendation Letter and the authorization of the High School Administrator or Counselor.

Code \_\_\_\_\_  
(For Office Use Only)

Enrichment Activity (Dual Credit or Advance Technology Center) \_\_\_\_\_

Total dollar amount requesting \$\_\_\_\_\_ Have you received a PEF grant before? \_\_\_\_\_

Date funds needed \_\_\_\_\_ Funds will be used for \_\_\_\_\_

Briefly explain need for funds \_\_\_\_\_

\_\_\_\_\_

1. Why do you wish to participate in this enrichment activity? (40 pts)
  
2. How will this enrichment activity help you achieve your career/future goals? (25 pts)
  
3. How can you share what you gain from this activity with other students? (25 pts)
  
4. List the school activities/honors in which you are involved? (5 pts)
  
5. List community activities in which you are currently involved? (5 pts)

