



STEM Challenge Initiative Inc.
P.O. Box 1099
St. Albans, Vermont 05478

Challenge Grant Application Form: 2017 Cycle 1

Application Due Date: Tuesday, January 24, 2017

Please complete all sections. Visit www.scivt.org for sample applications. If you have any questions, feel free to reach out to the SCI Challenge Grant Committee to discuss your application:

grants@scivt.org

| | | | |
|---------------------------------|--|------------|--|
| 1. Applicant Information | | | |
| 1.a First Name: | | 1.c email: | |
| 1.b Last Name: | | 1.d phone: | |

| | | | |
|---|--|-----------|--|
| 2. Sponsoring Organization Information | | | |
| 2.a Name: | | | |
| 2.b Mailing Address: | | | |
| 2.c City | | 2.d State | |
| 2.f phone | | 2.g email | |

| | | | |
|------------------------------|--|--|--|
| 3. Project Background | | | |
| 3.a Name of your Program: | | 3.b Number of Students Impacted: | |
| 3.c Approximate Start Date: | | 3.d Amount of Support Requested: | |
| 3.e Project Title | | | |
| 3.f Project Impact | Will the proposed activity occur once, or will the program be sustainable for repeat occurrences? (Check one) | Occurs once; resources from this project will be fully consumed. | |
| | | Project may sustain; resources from this project may be carried forward to future occurrences. | |



STEM Challenge Initiative Inc.
P.O. Box 1099
St. Albans, Vermont 05478

Challenge Grant Application Form: 2017 Cycle 1

Application Due Date: Tuesday, January 24, 2017

4. Project Description

Please provide a brief description/abstract that outlines the overall goal of your project, and what you hope to teach students. Please keep this description to 250 words or less.

5. Project Objectives

Describe the objectives of your project. Your objectives should follow the principle of SMART (Specific, Measureable, Achievable, Realistic, and Timely). Explain what changes in student learning or understanding you expect to see at the conclusion of your project. What do you want students to know and be able to do upon project completion?



STEM Challenge Initiative Inc.
P.O. Box 1099
St. Albans, Vermont 05478

Challenge Grant Application Form: 2017 Cycle 1

Application Due Date: Tuesday, January 24, 2017

6. Project Evaluation Model

Describe how you will evaluate the success of your project. Please be specific about how you plan to measure the efficacy of your project. How will you determine if your objectives are met (refer to SMART goals in section 5, above). A rubric, or assessment plan, may be a good performance indicator. The evaluation model must be tangible, providing qualitative and/or quantitative data.

7. Relevance to STEM

Describe how your project fits into the Science, Technology, Engineering, Mathematics (STEM) initiative.



STEM Challenge Initiative Inc.
P.O. Box 1099
St. Albans, Vermont 05478

Challenge Grant Application Form: 2017 Cycle 1

Application Due Date: Tuesday, January 24, 2017

8. Project Budget

Please attach a spreadsheet or table containing a budget that indicates how the funding for this project will be used. Indicate any financial or other support from your institution.



9. Educator Bio(s)

Please attach brief biographical sketches for each educator involved in this project. (please limit to one page each)



10. Letters of Support

Please attach a letter of support from your organization's administration. You may also include letters of support from anyone who will make a contribution towards ensuring the success of this project, but will not be directly involved with the project.



Today's Date:

When you are finished completing this form, please save it as a PDF file (File - Save As).

To submit this form, please upload the completed Application Form (saved as a PDF) to our grant application page, or email it as an attachment to "grants@scivt.org".

We will notify you by email when we receive your completed application form.