**Reward School Grant**

**1.1 – Cover Page**

**Applying Reward School and District:**

**Partnering Priority School and District:**

**Partnership Title:**

**Contact Person & Job Title:**

**Address:**

**Phone Number:**  **Fax Number:**

**E-mail address:**

**Amount of Reward School Grant funds requested:**

**Number of Certified Employees in the Partnering Reward School and Priority School:**

Partnerships may also include institutions of higher education, CareerTech centers, businesses, non-profit organizations, community-based organizations, parent organizations, and other entities that are likely to contribute to the improvement of all schools involved in the grant.

**Additional Partners, if any:**

**Certification by Authorized or Institutional Official**

The applicant certifies that to the best of his/her knowledge the information in this application is correct, that the filing of this application is duly authorized by the governing body of this organization or institution, and that the applicant will comply with the assurances included in the Partnership Agreement included in this proposal.

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| Typed or Printed Name of Authorized Official(Superintendent of Reward School or Designee) |  | Title |
|  |  |  |
| Signature of Authorized Official(Superintendent of Reward School or Designee) |  | Date |