



Preview:

2018-19 Access ASSET Scholarship Application

Apply online at assetinc.org/access-asset

For questions, email gdeangelo@assetinc.org or call (412) 481-7320

Part 1: District/Education Organization Information

Please answer the following questions at a district or organization level.

If a question does not apply to your district or organization, please indicate N/A.

*1. Please indicate your organization type.

- Preschool/Early Learning Center
- School District
- Public School
- Private School
- Charter School
- Alternative Education for Disruptive Youth (AEDY)
- Intermediate Unit
- After School/Out-of-School Time
- Adult Education/Technical Institute
- Other (Please specify)

* 2. Organization Name

* 3. Mailing Address

Street
City
State
Zip Code

* 4. Contact Information

Name
Phone
Email

Part 2: Demographic Information

If you are a district filling out an application for multiple schools, please answer the following questions on demographics and state assessments per school and fill out for each school as needed.

If you don't have exact percentages (for instance, if you are applying for a nonprofit after-school program), please provide the following demographic information as percentages of the overall population you serve.

* 5. School/Organization's Geographical Location:

- Urban/city
- Suburban
- Rural

* 6. County/Counties Served

* 7. Total number of students

* 8. Percentage of Students Served Based on Gender:

___% Female

___% Male

* 9. Percentage of Students Served Based on Ethnicity:

___% African American/Black

___% American Indian/Alaskan Native

___% Asian/Pacific Islander

___% Hispanic/Latinx

___% White/Caucasian

* 10. Percentage of Students Served on Free/Reduced Lunch:

___%

* 11. State Assessment Achievement Level: Percentage of Elementary School(s) Students at Each Level (Enter "0" if not applicable)

___% Math Advanced

___% Math Proficient

___% Math Basic

___% Math Below Basic

___% Science Advanced

___% Science Proficient

___% Science Basic

___% Science Below Basic

* 12. State Assessment Achievement Level: Percentage of Middle School Student(s) at Each Level (Enter "0" if not applicable):

___% Math Advanced

___% Math Proficient

___% Math Basic

___% Math Below Basic

___% Science Advanced

___% Science Proficient

___% Science Basic

___% Science Below Basic

* 13. State Assessment Achievement Level: Percentage of High School Students at Each Level (Enter "0" if not applicable):

___% Math Advanced

___% Math Proficient

___% Math Basic

___% Math Below Basic

___% Science Advanced

___% Science Proficient

___% Science Basic

___% Science Below Basic

* 14. If Serving Multiple Schools/Districts/Organizations: Please indicate levels that need improvement

- Pre-K science
- Pre-K math
- Elementary School Science
- Elementary School Math
- Middle School Science
- Middle School Math
- High School Science
- High School Math
- Not Applicable

Part 3: Additional Information

Please answer the following questions at a district or organization level.

* 15. Total number of educators to participate

* 16. Total number of students to be impacted

* 17. Why should your organization be selected to participate?

* 18. What are your expectations of this program?

* 19. Please describe how your participation in the ASSET program will impact your organization, teachers, students, and community.

* 20. How will your organization sustain this project after the funding is gone?

* 21. By signing electronically below, I confirm that all of the information provided in this application is complete and accurate and I will promptly send written notice to ASSET of any significant changes to this information. (Please note that applications will be kept on file for one year from the date below.)

Authorized Representative Electronic Signature

Title

Date