



Expanding Horizons Grants Application 2007

Funding made possible through the office of Assemblyman William Magnarelli

Contact Teacher _____ School _____ Email Address _____

Date of Trip _____ Home Phone _____ Cell # _____ School Phone _____

Trip Destination _____ Number of students involved _____

I. Curriculum Alignment

A. Expanding Student Cultural Horizons

1. What is the unique educational value to your students in this field trip?

2. Identify the classroom instruction objectives and activities which tie the field trip experience to the NYS Standards.

3. What follow-up activities are planned to identify the learning achievement experienced by your students as a result of this trip?

Please use additional sheets as needed.

Trip Organizer _____ Date _____

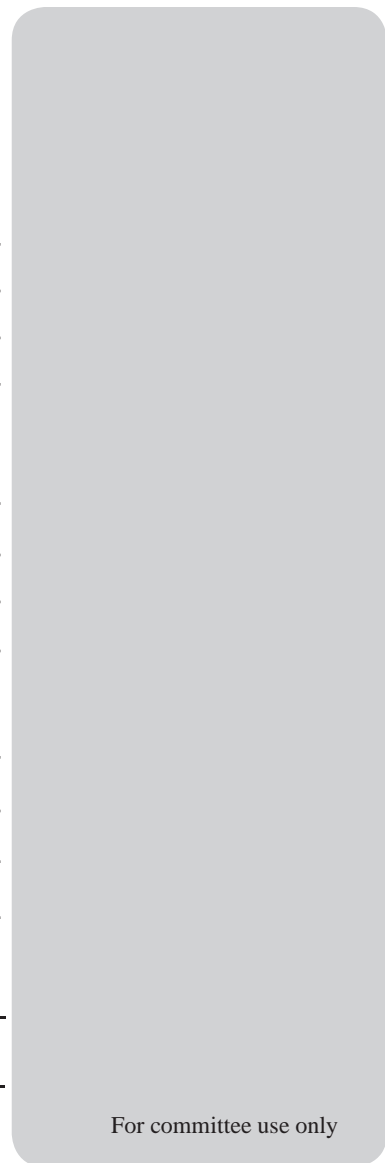
Signature of Principal _____ Date _____

Send signed hard copies (original and 4 copies of original) to: Expanding Horizons Grants
Syracuse Teachers Association
909 Butternut Street
Syracuse, New York 13208

Please prepare one xeroxed copy of the SCSD field trip packet to include with 4 copies of application.

I agree as a condition to receive these funds to complete the evaluation portion of this application (pg. 3) and return it to STA within a week after my trip.

_____ Teacher's signature



For committee use only

II. Expanding Horizons Grants Budget

A. Costs:

1. Cost of admission per person \$ _____ x number of people _____ = \$ _____

2. Other incidental costs (speaker, supplies, etc.) \$ _____

Explain _____

3: Transportation: Cost per bus \$ _____ x number of busses _____ = \$ _____

(if using other than First Student fill out page 4 and submit)

A. Overall cost of the trip..... A. \$ _____

B. Income: Sources of funding

1. Student contribution \$ _____ x number of students _____ = \$ _____

2. Total funds raised on hand \$ _____

3. Projected funds to be raised \$ _____

(Grant will be issued upon receipt of School Treasurer verification of total funds)

4. In-kind donation *(if applicable)* \$ _____

Explain _____

B. Subtotal: Income for trip B. \$ _____

C. Subtract total B from total A..... C. \$ _____

D. Amount requested from Expanding Horizons Grant D. \$ _____

(not to exceed 50% of overall cost/maximum \$500)

How will the EHG funds be used? _____

Vendor _____

Vendor payment schedule (dates) _____

Address of Vendor _____

Important:

*If using transportation other than First Student, please download and submit the separate bussing form. Please obtain 3 bids and make your selection. If choosing a bid that is not the lowest, please explain why. Please allow 2 weeks after submission for approval/disapproval. Any application that is **NOT** complete will be returned.*

Page 3 of this application (Evaluation) should be submitted within 1 week after the completion of the trip. Failure to do so may jeopardize further grants.

Expanding Horizons Grants Application 2007 continued...

III. Evaluation

A. Curriculum Alignment

1. What was the unique educational value in this field trip?

2. How did the field trip tie into classroom instruction?

3. What follow-up activities were planned after the trip?

4. How did students meet the objectives/expectations. Be specific as to activities used to determine mastery.

B. Critique of trip "design"

1. Was there adequate time?

2. Was there adequate staff and or docents to provide supervision at the site?

3. What might be done differently to make this an even better experience in the future?

C. Cost effectiveness

1. What was the number of students who actually participated? _____

2. What were the reasons for the increase or decrease in numbers? _____

3. After considering what might be improved at this site in the future, would you recommend it to others?

If you need help completing this form, please contact Cathy at STA (472-6374 or by email: cdan@syrteach.org)

Expanding Horizons Grants Application Bus Form

Use this form ONLY if you do not use the First Student bus service for your trip.

Quote #1:

Vendor _____

Street # and name: _____

City, State, Zip: _____

Amount quoted: _____

Quote #2:

Vendor _____

Street # and name: _____

City, State, Zip: _____

Amount quoted: _____

Quote #3:

Vendor _____

Street # and name: _____

City, State, Zip: _____

Amount quoted: _____

Vendor Chosen: _____

Reason: _____