CREATIVITY

Date Submitted: _____

Project Name: _____

Applicant(s) Name: _____

Home/Cell Number: _____   **Email Address:**_____

Home Address: _____

Home City, State, Zip: _____

School: _____

School Phone Number: _____

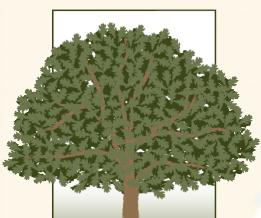**Other Team Members:** _____

_____

Amount Requested: _____

Will the items purchased with this grant be used for more than one school year?_____ Yes _____ No

Number of students impacted _____   **Grade level(s)** _____

The signatures below affirm that the programming proposed in the grant application falls within the educational guidelines of our school corporation.

_____

Principal Signature

_____

Superintendent Signature

Application must be submitted in person or postmarked by **April 1, 2026**

The Wells County Foundation, Inc.
222 W. Market Street
Bluffton, IN 46714

Notification or denial letters will be distributed by June 1st

WELLS COUNTY
FOUNDATION
EST. 1957

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CREATIVITY – This is the most important element(s) of your project. This grant is only awarded to projects that demonstrate more creative or innovative teaching methods.

Curriculum or cross-curricular area: _____

Summarize your project in a manner that gives the committee a mental image of what will be happening in your classroom during the proposed project. How will the students be *actively* participating in learning? Describe how the learning environment will be exciting and motivating.

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Describe specifically how this project's teaching methods are not typical (auditory and visual methods through textbooks and lecture), and discuss the creative methods which will be used in this project, i.e. tactile, hands on learning.

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IMPLEMENTATION – Describe the implementation plan and schedule of activities. Will this project be completed in the 2026-27 school year? If not, please explain. Include a general timeline if possible.

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EVALUATION – How will project goals, objectives and outcomes be evaluated? How will you evaluate the success of your project?

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Budget and Funding

Itemized Project Budget (Required)

Quantity	Description	Unit Cost	Check if Mandatory Item	Total Cost

Total Amount Requested: _____

<u>Will the project/program</u> be possible with only a partial grant?   Yes   No
(If yes, please review budget items and determine which items are mandatory and which ones are not essential in order to implement the grant project.)

Minimum amount needed? _____
(If you will accept partial funding, give the minimum amount of money it would take to implement your grant project.)

Is there any other information you believe to be helpful to the committee reviewing this grant request?