



**Goldenrod Research Corporation's  
YouthTouch Grant Competition**

(Please type or Print Clearly)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of School: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Principal: \_\_\_\_\_

principal's e-mail: \_\_\_\_\_ @ \_\_\_\_\_

Applicant: \_\_\_\_\_

applicant's e-mail: \_\_\_\_\_ @ \_\_\_\_\_

Local Newspaper(s) (Name, Location)

**School Data: please provide the following information as applicable**

Name of School District \_\_\_\_\_

Your school is:       Inner City       Urban       Suburban       Rural

Which grades are in your school? \_\_\_\_\_

# Of Students enrolled in the school \_\_\_\_\_

Average Students Per Classroom \_\_\_\_\_

% Of students receiving free or reduced price lunches \_\_\_\_\_

# Of Elementary Schools in your District \_\_\_\_\_

**Grant Worthiness:**

Please respond to each of the following questions.

You will be given points for each question. Scores will determine the grant recipients:

- Please describe your school, community, faculty and student body. (10 pts)
- Why do you believe technology integration is valuable? (10 points)
- List your goals for using **YouthTouch** to enhance the learning process. (10 pts)
- Describe at least one objective you hope to achieve in the first year of implementation and tell us how you will measure achievement. (15 pts)
- How will you implement and manage the **YouthTouch** program in your school? (25 pts)
- Describe the role of staff development in your implementation and management plans?(20pts)
- Why should your school be awarded the grant? (15 pts)
- If awarded the grant, how will you share your YouthTouch experience with other school stakeholders, outside your building? Such stakeholders would include district administration, other schools in the district, parents, the community at large and Goldenrod Research. If you state that you will send Goldenrod pictures or tweets, for examples, we'll expect them! (15 pts)

**Grant Application Certification and Approval:**

We, the undersigned, acknowledge and certify that all information provided in this application is accurate. In addition, if a grant is awarded to us, and we accept it, we agree to honor the ongoing program requirements expected of awardees. If awarded, we agree to accept or decline the grant within 15 days of award notification. If accepted, we agree to issue an authorized purchase order in the amount of \$9,850, plus freight charges, to **Goldenrod Research Corporation.**

\_\_\_\_\_  
Principal's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Please return this application form along with your grant narrative no later than:

May 15th - for Round I (Spring) consideration.

September 30th - for Round II (Fall) consideration.

December 15th - for Round III (Winter) consideration.

Lea Melchior, President  
**Goldenrod Research Corporation**  
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