

**RIVERVIEW HIGH SCHOOL FOUNDATION**  
**CLASSROOM ENHANCEMENT GRANT PROGRAM**

**Purpose**

The Mission of the Riverview High School Foundation is to provide funds for the enhancement of education when no other funding sources are available. Each year, the Foundation will consider grant requests from Riverview High School faculty members for materials or programs that are deemed worthy and meet specific priorities. These priorities may change from year to year depending on school initiatives. **For the \_\_\_\_\_ school year, the priority continues to center on improving student achievement at RHS.**

**CLASSROOM ENHANCEMENT GRANT GUIDELINES FOR APPLICATION:**

1. The deadline for applications is: **There is no deadline – submit as needed**
2. The Foundation Grants Committee, in conjunction with the RHS Principal, will review all applications and make the grant selections.
3. Completed forms must be sent via e-mail to Cyndi Forgeur, Foundation Coordinator.

[foundationcoordinator@rhsfoundation.org](mailto:foundationcoordinator@rhsfoundation.org)

Late applications may not be included in the selection process.

**IMPORTANT:** If you do not receive a confirmation e-mail from the coordinator within one day please resend your application!

4. Questions may be directed to Cyndi Forgeur, Foundation Coordinator.  
(telephone – 376-7877 or via e-mail: [RHSFoundation@verizon.net](mailto:RHSFoundation@verizon.net))
5. A brief presentation to the Foundation or fellow-faculty members may be required.
6. Attach additional sheets if necessary.

**Application form requirement:**

- **Specific objectives for classroom application.**

# **RIVERVIEW HIGH SCHOOL FOUNDATION**

## **CLASSROOM ENHANCEMENT GRANT APPLICATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPT/SLC: \_\_\_\_\_ SUBJECT: \_\_\_\_\_

**Classroom Enhancement Description:** (specifically, what are you going to purchase)

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**Attempts to obtain these materials or funding from other sources:** (List all attempts for funding including amounts that were awarded and explanation as to why on those that were denied)

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**Have you been able to procure any matching funds?** \_\_\_\_\_  
**If so, what amount?** \_\_\_\_\_

**List any specific goals and objectives for this Grant:** (Include # of students / classes affected; inter-departmental sharing potential, etc.)

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**Describe the lasting impact of this Classroom Enhancement Grant:** \_\_\_\_\_

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### **Budget**

Total amount requested: \$ \_\_\_\_\_ Total cost of Enhancement: \$ \_\_\_\_\_  
Maximum \$500

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return by e-mail to Cyndi Forgeur – [foundationcoordinator@rhsfoundation.org](mailto:foundationcoordinator@rhsfoundation.org)**

**Deadline for application: NO deadline – submit as needed**

Approval of RHS Principal and Grant Committee: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_