

**ALPHA DELTA KAPPA – PA ALPHA CHAPTER**  
**After-School Enrichment Grant Application Form #\_\_\_\_\_**

Educator Name \_\_\_\_\_

School Name \_\_\_\_\_

School District \_\_\_\_\_

School Address \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

School Phone \_\_\_\_\_

School Principal \_\_\_\_\_

Educator Position \_\_\_\_\_

Educator Email \_\_\_\_\_

Educator Phone \_\_\_\_\_

After-School Activity Title \_\_\_\_\_

Please attach your AFTER-SCHOOL ACTIVITY DESCRIPTION to  
APPLICATION FORM.

# AFTER-SCHOOL ACTIVITY DESCRIPTION

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**I. Workshop Title**

**II. Goals**

**III. Action Plan**

**IV. Budget**

Teacher Signature\_\_\_\_\_ Date\_\_\_\_\_

Principal Signature\_\_\_\_\_ Date\_\_\_\_\_