

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 ACTIVTY 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 _____