Hawaii FIRST LEGO® League (FLL/JrFLL) ROC/Friends Grant Application 2010

ALL FIELDS REQUIRED. Do not exceed character length restrictions indicated.

If funded, FLL team must commit to participating in FLL District Tournament and, if eligible, State HFLL Championship. JrFLL team must participate in JrFLL Expo.

LEAVE BLANK—FOR INTERNAL USE ONLY.		
Type	Activity	Number
Review Group		
Date Received		Date Reviewed

1. TEAM NAME (if none at time of application, indicate school or organization):

2. Grant request for (check all that apply):
☐ FLL Registration (w/ field set-up), Gr. 4–9 ☐ NXT kit (new schools only) ☐ JrFLL Registration, Gr. 1–3 ☐ JrFLL kit (new schools only)

3. How does your team plan to follow, implement or measure the FLL Core Values? *(Do not exceed 100 words)*

4. List who will be supporting FLL at your school (e.g., names/titles of administrators, faculty members, organizations, etc.) and how.

5. Describe how your school would sustain this program beyond this grant. *(Do not exceed 100 words)*

6. Coach (Check one) ☐ **New School** ☐ **New Coach** ☐ **Veteran**

Did your school compete in FLL last year? ☐ Yes ☐ No
Location:

6a. Name (First, M.I., Last):

6b. Position/Title:

6c. Department (If in a intermediate/middle school)

6d. Coach's Mailing Address (Street, City, State, Zip Code)

6e. Contact Information *(Area code, number and extension)*
Phone: Fax:

Coach's Most Frequently Used E-mail Address:

7. Applicant's Organization
Name of School:
Complex Area:
School Address:

8. Is your school population socio-economically disadvantaged? (i.e., at least 40% free or reduced lunch) ☐ Yes ☐ No

9. School Demographics: largest ethnic group first: (optional)

Will you actively recruit girls and other under represented minorities as team members? ☐ Yes ☐ No ☐ Not sure

10. Grade Level
☐ Elementary School (K-gr5)
☐ Middle/Intermediate School (gr6-gr8)
☐ High School (gr9)

11. POINT OF CONTACT (POC) for award notification and delivery
Name
Title
School
Address
Tel: FAX
E-Mail:

12. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION
Name
Title
Address
Tel: FAX
E-Mail:

13. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may

SIGNATURE OF OFFICIAL NAMED IN 12. *(In ink. "Per" signature not acceptable.)*

DATE

Please submit application by DEADLINE: JUNE 10, 2010.
Scan signed application, attach and e-mail to stamayose@gmail.com ***or mail to 1330 Ala Kika Place, Honolulu, HI 96818.***
Awardees (POCs, see #11) will be notified during week of June 21-25, 2010, via e-mail only.
See official Hawaii FLL site http://www.hawaiifll.org for more information.