

## Hawaii Schools Digital Media (HSDM) Grant Application for the 2010-2011 School Year

Please complete the following information only within the space provided. Do not submit any attachments. The grant evaluation criteria includes: clear project description; impact on students; curriculum based; innovation; accountability; sustainability; need; and, a complete and thoughtful application.

1. School Name: \_\_\_\_\_

2. Project Name: \_\_\_\_\_

3. Name of Applicant: \_\_\_\_\_

4. Applicant Title: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Island: \_\_\_\_\_

6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

7. I am applying for an award based on the following requirements (check one):

\_\_\_\_\_ \$1,500 - \$2,500 for producing video segments totaling 15 - 25 minutes of student/school based programming by end of school 2011 (established video program existing in school for five years or more).

\_\_\_\_\_ \$1,000 for producing video segments totaling 10 minutes of student/school based programming by end of school 2011 (existing video program that's less than five years in school).

\_\_\_\_\_ \$500 for producing video segments totaling 5 minutes of student/school based programming by end of school 2011 (new video program in school).

8. Describe your HSDM project.

9. How will this project have an impact on student learning?

10. How will this project use the grant funds?

11. How will the project be implemented and sustained in your curriculum?

12. What is the total student population at your school? \_\_\_\_\_

13. Estimate the number of students impacted by this proposal: \_\_\_\_\_

14. Is the program you have described a new program to your school?  Yes  No

If "no," please explain the planned growth/expansion of your existing program:

15. Did your school receive funding from this program during the last school year? (Note: This does not affect your eligibility):  Yes  No

16. Specify the payee for the Grant funding (i.e. who would we make the check out to?):

\_\_\_\_\_

By completing and submitting this information I certify that I have discussed this application with school administration and have the support of my school. I also agree to provide the programming specified above and to complete a mid- and final-report in an electronic format and by the timeframes provided by HSDM.

I also understand that all programming that is produced should be submitted to the state K-12 Educational Access provider Video Technology Group for possible inclusion in the monthly Hawaii Student Digital Showcase on DOE channel 56.

\_\_\_\_\_  
Applicant's Signature      Date

\_\_\_\_\_  
Principal's Signature      Date

Applications must be postmarked, emailed or faxed by **3:30 P.M.** on **August 24, 2010** to:

Hawaii Association of Independent Schools (HAIS)  
1585 Kapiolani Blvd, Suite 1212  
Honolulu, Hawaii 96814-4527  
Attention: Lisa Leong  
Email: [lisa@hais.org](mailto:lisa@hais.org) | Phone: 808-973-1543 | Fax: 808-973-1545