Expanding Horizons Grant Application 2025/2026

Applications will not be accepted after May 15
Must turn in with COMPLETE field trip packet

MUST BE SUBMITTED AT LEAST 3 WEEKS PRIOR TO EVENT

Have you previously received an EH Grant? Yes__ (year)_____ No__
If yes, did you complete your evaluation? Yes____ No____

Applicant contact information (STA Members Only):

Applicant's name _____ School _____

Applicant's title/position _____ Grade Level _____ Number of Students participating _____

Applicant's email: _____ School phone # _____ Cell # _____

Names of other participating teachers

Activity Title: _____
Activity Abstract: (Brief description of the BIG idea you have for your use of the proposed funding)

_____

Which levels of engagement does this activity address? (Check all that apply.)
(See EHG guidelines on STA website.)

_____ **Formative** (As a part of the learning process.)

_____**Summative** (As a culminating activity demonstrating mastery.)

Your Activity Plan:

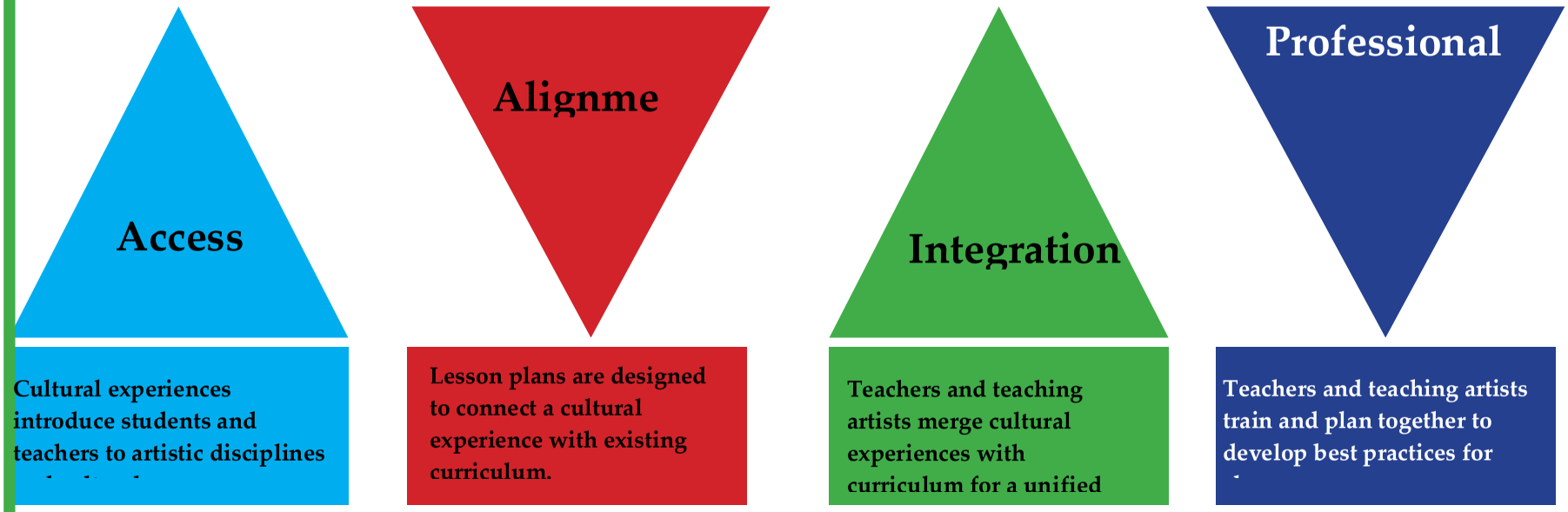
(Attach a Word document/ hard copy to complete the following. Refer to EHG criteria on the STA website for help.)

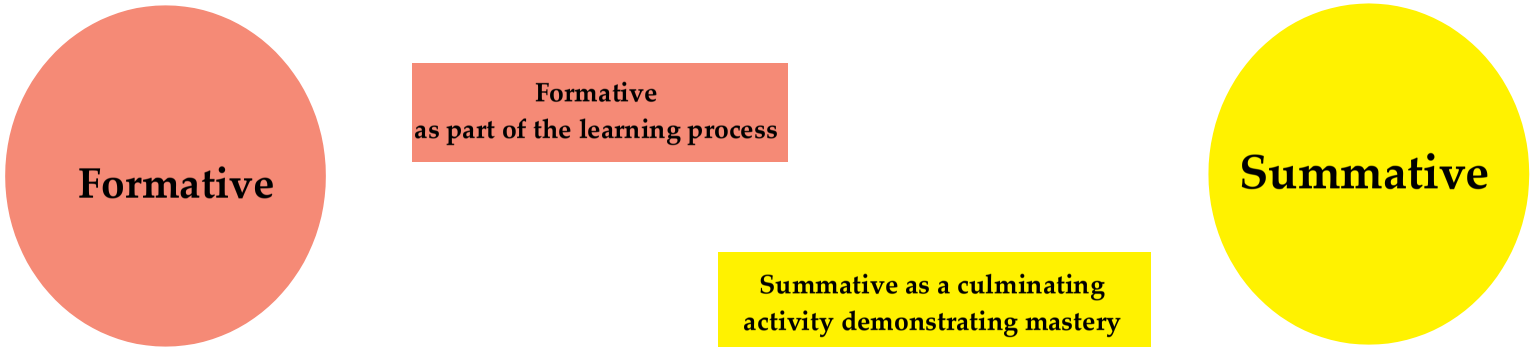
- **Activity Goals** (Be sure to include if these goals are intended to be formative or summative.)
- **Proposed Activities to support each goal**
- **Anticipated Outcomes**
- **Modifications required for students with special needs**
- **Tools to measure success**

(For EHG Use Only)
Amt. _____ **Grant Source**_____ **Evaluation**_____
Approved_____ **Denied**_____ **Check #**_____ **Date** _____
Initials: **Field Trip ID#**_____ **Initials**_____

Levels of Engagement

Cultural experience varies, as do the needs of individual





Expanding Horizons Grants Application Bus Form

*Use this form **ONLY** if you do not use the First Student bus service for your trip. If using transportation other than First Student, please obtain three bids and make your selection. If choosing a bid that is not the lowest, please explain why.*

Quote #1:

Vendor: _____

Street # and name: _____

City, State, Zip: _____

Amount Quoted: _____

Quote #2:

Vendor: _____

Street # and name: _____

City, State, Zip: _____

Amount Quoted: _____

Quote #3:

Vendor: _____

Street # and name: _____

City, State, Zip: _____

Amount Quoted: _____

Vendor Chosen: _____**Reason:** _____

Expanding Horizons Grant Evaluation Sheet

***EVALUATION MUST BE COMPLETED WITHIN ONE WEEK OF TRIP*.**

Teacher: _____ School: _____

Trip was to: _____

Date of Trip: _____

A Narrative Format, using Word processing for ease of completion, should be used to answer the following questions. It may be e-mailed to the STA Office (edhorizongrant@syrteach.org)

I. Curriculum Alignment and Integration:

1. What goals were planned for this experience?

2. How have you aligned this experience with the curriculum?

3. a. If formative, explain how you have integrated this experience into an integrated unit of study.
   b. If summative, explain how students demonstrated mastery of your goals.

4. Describe how this experience has enabled your students to achieve the anticipated outcomes.

II. Critique of trip "design":

1. If you were to repeat this trip, what would you change?

2. Was there adequate staff and/ or docents to provide sufficient supervision the site?

3. What might be done differently to improve the experience in the future?

III. Cost Effectiveness:

1. What was the number of students who actually participated?

2. What were the reasons for the increase or decrease in numbers?

4. After considering what might be improved in the future at this site, would you recommend this trip/ experience to others.

If you need to help completing this form, please contact
The EHG Committee by email: edhorizongrant@syrteach.org

Expanding Horizons Grants Application Budget Form

Expanding Horizons Grants Budget Worksheet
FOR FIELD TRIPS

A. Costs:

1. Cost of Admission per person $_____ x number of people_____ = $_____total
2. Other incidental costs (Itemize) = $_____total
   Explain_____
3. Transportation: Cost per bus $_____x number of buses ____ = $_____total
   (if using other than First Student fill out page 4 and submit)

A. Overall cost of trip Total of 1,2,3 $_____
TOTAL A.

B. Income: Sources of funding

1. Student contribution $_____x number of students_____ $_____
2. Other funds raised for this activity
   (**DOCUMENTATION MUST BE SUBMITTED)** $_____

3. Other Income contributed by (PTSO, AIM, etc.)
   (Grant check will be issued upon receipt of School approved letter) **$_____**

4. In-kind donation
   Explain_____ $_____

5. Overall income for trip Total of 1,2,3,4 $_____

C. Subtract total B from total A **$_____**

D. Amount requested from Expanding Horizons Grant **$_____**
(NOT TO EXCEED 50% OF OVERALL COST OF TRIP- MAXIMUM AWARD $2500)

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III. Expanding Horizons Grants Budget Worksheet
FOR IN-SCHOOL PRESENTATIONS
(NOT TO EXCEED $500.00):

1. Cost of presentation: $_____

2. Other source of funding (PTSO, etc.): $_____

3. Amount requested from Expanding Horizons Grant: $_____

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FOR WHAT WILL THE EHG FUNDS BE USED FOR? (**for either request**)

_____

CHECK MADE OUT TO:

Expanding Horizon Grant Checklist

- ☐ Completed E.H.G budget form
- ☐ Supporting Documentation of other funds
- ☐ Company or individual the check should be made out to
- ☐ Activity Plan included
- ☐ Complete SCSD field trip packet included

☐ Class list

☐ Nurse document if applicable

☐ All boxes are checked before submitting app
(If all items are not included, and boxes aren't checked, this application will be returned.)

Please return evaluation within 14 days of activity.

Date application was completed and sent to edhorizongrant@syrteach.org _____