



THE BARONA BAND OF MISSION INDIANS
CALIFORNIA'S EDUCATION TRIBE™

Barona Education Grant Program

An endorsement letter from your State Legislator must accompany this application.

Please type your responses; handwritten responses will not be accepted.

This form can be downloaded and filled out online at www.BaronaEducationGrant.org

Has your school applied for the Barona Education Grant in the past?

___ No ___ Yes _____ Mo/Yr

Has your school received the Barona Education Grant in the past?

___ No ___ Yes _____ Mo/Yr

If yes, name of Endorsing Legislator: _____

Name of Endorsing Legislator: _____

Name of School: _____

Name of School Principal: _____

Mailing Address: _____

City: _____ Zip: _____

County: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____ Website: _____

Contact Person: _____ Title: _____

INFORMATION ABOUT YOUR SCHOOL:

Type of School: _____Charter _____Public _____Private _____Other

Name of School District: _____

Type of School District: _____Elementary _____Middle School _____High School
_____Other

Name of District Superintendent: _____

Name of County Superintendent: _____

Number of Students Enrolled: _____

Number of Students Enrolled on Free/Reduced Lunch Program: _____

Current Total Budget/Student: _____

Current Materials Budget/Student: _____

Please mail completed applications to:

Barona Education Grant Program, 1095 Barona Road, Lakeside, CA 92040.

Only applications received by mail will be accepted by the review panel. Applications sent by fax or email will be returned.

Applications must be postmarked within 30 days of the dated endorsement letter from your State Legislator.

Applications received without an endorsement letter will be returned.

Schools that receive a grant from the Barona Education Grant Program must submit an accountability report within one year of receiving the grant.

The accountability report form can be downloaded online from www.BaronaEducationGrant.org

The report must be submitted to: Barona Education Grant Program, 1095 Barona Road, Lakeside, CA 92040.

Print name of person submitting application

Position

Signature

Date

Type your responses to the following questions within the spaces provided. Additional pages and supplemental materials will not be reviewed. Each section (4) of this application must be completed.

1. PROJECT DESCRIPTION

a. Please give a brief statement of how you will use the Barona Education Grant funds.

b. We would like to give priority to schools that have the highest need. Describe the need you have identified and state how the grant will be used to meet that need.

c. Describe who will benefit from this grant.

2. PROMOTING ACADEMIC IMPROVEMENT

Education and academic improvement is an important part of our Barona tradition. The purpose of the Barona Education Grant Program is “to fund materials that will promote academic improvement.”

Describe what you will do to get the materials into the hands of the students.

3. PROPOSED BUDGET

Give an estimated budget and quantity of educational materials to be purchased with these funds.

No funds may be requested for the following: wages, office supplies, giveaway books, athletic or recreational equipment.

TYPE OF ITEM	QUANTITY	BUDGET
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	_____
		<i>(Not to exceed \$5,000)</i>

4. ATTACH ENDORSEMENT LETTER FROM YOUR STATE LEGISLATOR