



RECOGNIZE OUR
STAFF'S EXCELLENCE
FOUNDATION

Stephen Salski, Chair of the Board
BaoTran Le, Vice Chair of the Board
Arleen LaRosa, Board member

Nancy Parra, Board member
Gabby Rogan, Board member
Jerry Tatar, Board member

Mini Grant Application

Date:

Contact Name:

Contact Email:

If awarded, your program will be inclusive of all staffing positions in your school (administration, cafeteria, counselors, building engineers, health care, library, paraprofessionals/teacher assistants, teachers, technology, etc.). Yes No

Your role in the school:

Name of school:

Street Address:

City:

State:

ZIP:

Administrator Name:

Administrator Email:

School District:

School Website:

Describe details about the existing staff recognition program in your school. (frequency of recognition, examples of types of recognition, etc.) *Details may be in number/bullet format.*

Describe how a mini grant will be used to supplement the current program that exists in your school.

Email:

rosefoundationawards@
rosefoundationawards.org

Phone:

773-330-3838

Website:

www.rosefoundationawards.org



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The following is a list of expectations that Recognize Our Staff's Excellence Foundation will require for the mini grant:

- The mini grant may only be used for staff recognition, appreciation, or value programs.
- All resources must be used for certified AND classified school staff members.
- A Mini Grant Application must be agreed upon and signed by both parties.
- Our foundation would like to share what your school has done on our website and social media platforms. This will include your school's name, logo, an explanation of your program, and approved pictures and/or videos of how our donation benefited or assisted in the success of your program. We use these items to demonstrate how these grants positively impact school staff.

Would you be willing to share photos or comments?

Yes No

The following information is correct, and we understand this is an application for a mini grant for \$50. A signature by the administrator and school representative is required.

School representative signature

By typing the name above, this electronic digital signature will be the legal equivalent of a manual/handwritten signature on this form.

Date

Administrator signature

By typing the name above, this electronic digital signature will be the legal equivalent of a manual/handwritten signature on this form.

Date

Please email completed application to: rosefoundationawards@rosefoundationawards.org

For Office Use Only:

Reference #: _____

Email:
rosefoundationawards@rosefoundationawards.org

Phone:
773-330-3838

Website:
www.rosefoundationawards.org