**2024-2025 Rosewood Foundation Grant Application
for CURRENT Funding Recipients**

Grant Timeline
February 9, 2024: Grant Application Opens
March 22, 2024: Grant Application Due
April 22, 2024: Grant Awards

Submission Instructions
Submit the Grant Application via email to the Grant Committee: Lharig@rosewoodfoundation.org by March 22, 2024.
A confirmation response will be sent once all application pieces are received. For questions or more information, contact: Lelia Harig, lharig@rosewoodfoundation.org.

Items Funded by this Grant
- Assistance for salaries of Paraeducators *($8,000 annual max)*
- Professional Development on Inclusive Education *(various amounts awarded)*
- Learning Materials, Technology, and Equipment needed to carry out inclusive education *(various amounts awarded)*
- Other services needed to build a Catholic inclusive education program

Please note, all Grant recipients are required to submit a mid-year report documenting use of Grant funds. Any changes in the way Grant funds are used that deviate from descriptions outlined in the Grant Application must be reported to Rosewood Foundation. Mid-year report forms will be sent to Grant recipient schools in January 2025 and will be due by mid-February.

Grants are NOT awarded for the following uses: operating expenses including rent payments, lease payments, utilities, debt incurred, or purchases made prior to Rosewood award notification, travel expenses, participation in capital campaigns or projects, endowment funds, and tuition assistance.

Disbursement of Funds
All grants will be disbursed in three equal installments:
September 25, 2024 | January 22, 2025 | April 18, 2025

Please note that Rosewood funds are intended to support Catholic schools as they establish inclusive education programs or develop instructional support for individual students with specific learning needs. Grants that are awarded for a Paraeducator or for General Support for inclusive programming will be supported for no more than three consecutive academic years for **each student**/school combination. A school may receive funds for multiple students. If the student is no longer enrolled at the school during the three-year period, funding will end.

CONTACT INFORMATION

Name of School	
Principal	
Principal Phone and Email	
Pastor	
Pastor Phone and Email	
School Address	
Total School Enrollment	
2024-2025 Total School Budget	
Archdiocese Vicariate	

TOTAL FUNDING REQUEST

2024-2025 Project Request	$
Total Project Cost	$

Select the category of this funding request:
_____ Assistance for salaries of Paraeducator(s)
_____ Assistance for salaries of Special Education Teacher(s)
_____ Professional Development on Inclusive Education
_____ Learning Materials, Technology, and/or Equipment

How many Grants have you received from Rosewood for this particular need? _____

WHO WILL BENEFIT FROM REQUESTED FUNDS (*DO NOT list names*)

Grade Level	Sex	Specific Learning Need(s)	Educational Plan *(check all that apply)*				
			IEP or Service Plan	**504 Plan**	**School Dev Plan**	**ELL**	**None**

Services Provided by Public School District	
1. How many students enrolled in your building are on an IEP/ICEP? Explain what types of IEPs are being serviced at your school *(i.e., instructional, speech, OT, PT, etc.):*	
2. Describe how the students are served by the Public School District *(i.e., students transported to public-school, public-school therapist/teacher sent to private school, etc.).*	

Services Provided Outside of Education System	
1. Describe services (if known) that the student(s) is receiving outside of the school environment.	

Authorization

The foregoing information is accurate, and I agree to promptly notify the Rosewood Foundation of any changes with respect to the information provided herein. I will immediately contact Rosewood regarding requests for change in the use of funds. I have attached the requested supporting documents. On behalf of the above referenced school, I agree and understand that this application must satisfy the Grant Eligibility Criteria to be considered for funding.

_____
School Administrator   *Date*

_____
Pastor (if no Pastor, then School Board Member)   *Date*