



National Society Daughters of the American Revolution

Pamela Rouse Wright, President General

JUNIOR MEMBERSHIP COMMITTEE

Sarah Brooks and Jennifer Pond, National Junior Membership Committee Co-Chair
Rebecca Armstrong & Malinda Williams, National Co-Vice Chairs- HPMF Classroom Grants

Deadline to Sponsoring Chapter: March 15, 2025

Deadline to the State Chair: April 1, 2025

Chapter Point of Contact for Applications: Kristen Rowe FortCasparDAR.info@gmail.com

State Chair Point of Contact for Applications: _____

2025 Spring Helen Pouch Memorial Fund Classroom Grant Application

Name: _____ State: _____

Email: _____

Personal Phone Number: _____

School Name: _____

District: _____

School Address: _____

City: _____ State: _____ ZIP Code: _____

Principal: _____ Phone: _____

Principal email: _____

Fall contact phone number for the school district: _____

Prior to this year, list total years of teaching experience: _____

Current teaching field: _____ Grade level: _____

All Signatures on this page should be original and on this form for the application to be considered a finished application. If selected as a grant winner, please identify the party to whom the check should be made out (Name of teacher, name of the school, or name of school district, and provide the mailing address).

Teacher Check List: (Completed by Teacher)

- _____ All application questions completed and an honest representation of the spending of the funds.
- _____ Application is limited to the three original pages of the application.
- _____ Signature on the actual application by the teacher and school principal or district superintendent.
- _____ Application returned to the sponsoring chapter by _____.

The endorsement supports that the grant funds will be spent as stated in the application. By signing, the school official is verifying employment for the 2024-25 school year of the employee in the school district, and that funds will be used as described in this application. Should the applicant change employment status, please inform the National Vice Chair of Junior Membership Classroom Grants.

Applicant's Signature _____

School Principal or District Superintendent Signature _____



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Classroom Grant Application

Please limit answers to the following questions to the space provided. No additional paperwork should be attached or included.

List any previous grant or scholarship funding received and dates:

Briefly describe your project in two to three sentences.

Describe the areas of student achievement you wish to address and give any data that supports the need.



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State measurable objectives to be achieved by the grant in terms of student behavior or performance. Please be specific.

Describe what you want to do with the grant funds and how the program/project supports the purpose.

List the activities and timeline. How is it innovative? Please be specific



THIS PAGE IS FOR CHAPTER USE

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All signatures on this page must be included/complete to be considered an approved application to move on in the review process.

Chapter Check List: (Completed by Sponsoring Chapter)

- Applications have been reviewed and judged by a committee of three-chapter members and are in support of how these funds will be spent.
- Only ONE application is selected to be endorsed to be submitted to the state chair.
- The application met established deadlines by the chapter.

Sponsoring DAR Chapter: Fort Caspar Chapter, NSDAR

Regent: _____

Chapter Address: _____

Email: _____ **Chapter Phone Number:** _____

Chapter Reviewer 1 (Regent or Officer) Signature: _____

Chapter Reviewer 2 Signature: _____

Chapter Reviewer 3 Signature: _____

State Chair Check List: (Completed by State Chair)

- Application was reviewed by the committee as outlined in state chair instructions.
- Application made established deadlines set by the state.
- Application meets guidelines as outlined by the state chair instructions.
- Application is uploaded to <https://NSDARJM.formstack.com/forms/grantspring25> as one of the two winners or a runner- up to the National Vice Co-Chairs.

State: _____

State Chair/Point of Contact: _____

State Chair Address: _____

Email: _____ **Phone Number:** _____

National Vice Co-Chairs Review:

Approved for Funding and Meets Guidelines

This space is for the chapter review process or the state chairman and review process.

When doing the review assign each application a number and pull the cover sheet for a blind review process.

Application Review Number _____