

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 I	Fund Classroom Grant Application
Name:	State:
Email:	
Personal Phone Number:	
School Name:	
The state of the s	
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 application. If selected as a grant winner, please identify the p teacher, name of the school, or name of school district, and pro-	arty to whom the check should be made out (Name of
Teacher Check List: (Completed by Teacher) All application questions completed and an honest reprApplication is limited to the three original pages of theSignature on the actual application by the teacher and sApplication returned to the sponsoring chapter by	application.
The endorsement supports that the grant funds will be spent a verifying employment for the 2024-25 school year of the employee in this application. Should the applicant change employment status, ple Classroom Grants.	the school district, and that funds will be used as described in
Applicant's Signature	
School Principal or District Superintendent Signature	

Document No. JM-WP-2002 (Revised January 2025)



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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.

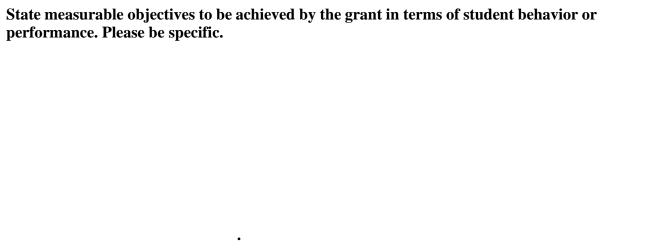


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Describe what you want to do with the grant funds and how the program/project supports the purpose.

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.
<u> </u>
Sponsoring DAR Chapter: Fort Caspar Chapter, NSDAR
Regent:
Chapter Address:
Chapter Address: 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.
a runner- up to the National vice Co-Chairs.
State:State Chain/Baint of Contact:
State Chair/Point of Contact:
State Chair Address:
Email:Phone Number:
<u> </u>
National Vice Co-Chairs Review:
Approved for Funding and Meets Guidelines
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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