

Higher Pathways 2020-2021 Grant Application

High School or Organization Applying

Today's Date	
School/Organization Name	
Mailing Address	
City	
State	
Zip Code	
Phone	
Website	
Event Date(s)	

Primary Site Contact - Lead Event Coordinator Information

First Name	
Last Name	
Title	
Office Phone	
Cell Phone	
Email Address	

Secondary Site Contact Information

First Name	
Last Name	
Title	
Office Phone	
Cell Phone	
Email Address	

Agreement and Signatures (To be filled out by the Primary Site Contact & HS Principal)

I understand that the extent of the American Indian College Fund's involvement in this program extension is limited to providing funding. I understand that by providing the designated amount of funding for this program extension that American Indian College Fund assumes no responsibility for any injuries, damages, losses, or claims in any way associated with the program extension. The College Fund is also not responsible for any additional or unexpected costs that may be incurred over the designated amount of funds provided.

I agree to communicate and work in conjunction with Native Pathways on this project before, during, and after implementation. I understand that the American Indian College Fund can use reported data from the project.

Primary Name		Principal Name	
Signature		Signature	
Date		Date	

Event Option - Select One

- ☐ College Campus Visit
- ☐ College Readiness Completion Contest
- ☐ College Application Day/Week
- ☐ College & Career Fair
- ☐ Other

Explain how this opportunity will benefit your school or community. (300 words max)

What are your plans for recruitment and promotion of the event and/or participation? (300 words max)

How will you monitor the success of the event and participation? (300 words max)

Detailed Itemized Budget: Option 1 - Campus Visit

Take a group of juniors or seniors to explore a college of your choice. We require that the campus visit include an admissions tour and a visit with the Native American student center or multicultural office. The school/organization assumes full responsibility for the trip and any additional costs over funding amount.

Counselor Name	
Chaperone Name	
College/University Name	
College/University City and State	
Dates of Travel	

Example

Estimated cost of proposed trip for
16 students and # 2 chaperones:

Attach supporting documentation ☐

Airfare	
Airport Baggage Fees	
Vehicle Rental	\$420
Gasoline	\$650
Parking	
Lodging Total	\$490
Room Cost per night	\$70
X # of Rooms	7
# of Nights	1
Food	\$1440
<i>Food expenses allow up to \$40 per person/per day</i>	
Miscellaneous	
GRAND TOTAL	\$3000

Your Budget

Estimated cost of proposed trip for
____ students and # ____ chaperones:

Attach supporting documentation ☐

Airfare	
Airport Baggage Fees	
Vehicle Rental	
Gasoline	
Parking	
Lodging Total	
Room Cost per night	
X # of Rooms	
# of Nights	
Food &	
<i>Food expenses allow up to \$40 per person/per day</i>	
Miscellaneous	
GRAND TOTAL	

Under these unique circumstances surrounding Covid-19, many schools across the country have moved to an online or hybrid format. If your school is observing social distancing and not hosting on-site classes or events, we encourage you to please utilize the award for activities that support college readiness and a college-going culture. Please provide a detailed description of the event along with an estimated budget outlining the use of the funding.

*Food expenses allow up to \$40 per person/per day

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