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**Teaching Materials Grant – 2020**

**FORM A (Application Form)**

This is a restricted Word document. Please TYPE your responses.

Select your grant stream:

Establishing New Program  Expanding Existing Program

**Details of Applicant (Institution)**

|  |  |
| --- | --- |
| School Name |  |
| Postal Address |  |
| Town |  |
| State |  |
| Postcode |  |
| Principal |  |
| Phone |  |
| Sector | GOVERNMENT  CATHOLIC  INDEPENDENT |
| Level | PRIMARY  JUNIOR SECONDARY  SENIOR SECONDARY |

**Details of Authorised Official (Teacher in Charge of Application)**

|  |  |
| --- | --- |
| Name |  |
| Work email |  |
| Mobile |  |

**Japanese Program Details**

|  |  |
| --- | --- |
| Number of students at the school |  |
| Number of students taking Japanese |  |
| Number of Japanese classes |  |
| Total number of hours of Japanese taught in a week |  |

**Grant History**

Has the school applied for a grant from The Japan Foundation, Sydney (JPF Sydney) in the past?

If so, provide details below (including which grants and when).

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**Reason for Application**

Introduce your school and its community (max. 140 words).

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Describe your Japanese language education program, including its current and future goals (max. 140 words).

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Explain what you intend to do with the funds provided by this grant (max. 140 words).

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**Application Checklist**

I have chosen the correct grant.

I understand and agree to the conditions outlined in the Application Guidelines.

I have a copy of all application documents for my own records.

I am sending the following items to the address below by the deadline:

* Items to be sent

1. Completed original FORM A (Application Form)
2. Purchasing list (only filling out the “Plan to Purchase” section)

* Send to: [coordinators@jpf.org.au](mailto:coordinators@jpf.org.au)

Please note: Successful applicants will be asked to later submit an original copy of this form (with original signatures) along with their grant acceptance notice.

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorised Official**  **(Teacher in Charge of Application)** | | **School Representative**  **(e.g. Principal, Head of Department)** | |
| Name: |  | Name: |  |
| School Name: |  | School Name: |  |
| Position: |  | Position: |  |
| Signature: |  | Signature: |  |
| Date: |  | Date: |  |