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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

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: |       |