**National Association of Rocketry**

**Extracurricular Activity Grant Application**

**Due date:** June 1

**Organization**

OrganizationName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 public school  private school  other(explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position at organization:  teacher other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of the NAR? yes, NAR # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no

**Activity Participants**

Grade level of participants (check all that apply):

 K 1 2 3 4 5 6 7 8 9 10 11 12

Number of participants: \_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Brief description of activity (200 words or less recommended):

**Attach a lesson plan (preferred) or an activity description.** The lesson plan can be original or adapted from a lesson plan by a third-party (for example NASA, NSTA, science museums, space grant consortium, etc.). Please properly attribute your sources.

**Continuation Plans**

Do you plan to continue this activity in future years?  yes no

If you answered yes, please explain your plans:

Has this activity been supported by an NAR Grant before? yes no

Have you done this specific activity before? yes no If yes, how will this activity be improved or refined this time?

**Facilities**

Briefly explain the facilities to be used for the activity, including the launch field, if applicable.

Will the local NAR club be involved? yes no

**Publicity**

Will parents, other spectators, or local press be present?

**Expenses**

Explain how you will use the award money – We don’t need a detailed budget.

**National Association of Rocketry**

**Extracurricular Activity Grant Application**

**Checklist**

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I have filled out all fields in the application.

 I have included a brief (about 200 words or less) activity description.

 I have attached a lesson plan or activity description.

My name is written on the upper right-hand side of all parts of the application, including the attachments.

 I have read the Extracurricular Activity Grant eligibility requirements and I believe that this activity satisfies those requirements.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Order of submission: *(please do not staple)*

Checklist

Application (with brief description of activity)

Lesson plan or activity description attachment

To submit, mail to: **National Association of Rocketry**

**Extracurricular Activity Grant**

**P.O. Box 407**

**Marion, IA 52302**

or E-mail scanned signed version to: **jguzik@mindspring.com**

If you have additional questions or need more information, please contact:

Joyce Ann Guzik, NAR Trustee

Email: jguzik@mindspring.com