National Association of Rocketry
Extracurricular Activity Grant Application
Due date: June 1

Organizations
Organization Name: _________________________________
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.
Applicant Name: ______________________

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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: claudemain@gmail.com

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

Dr. Claude V. Maina
Email: claudemain@gmail.com