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**Partners in Education**  
**Evonik Corporation, Tippecanoe Laboratories**  
**Enrichment Grants in Science, Technology, Engineering and Math (STEM) Education**

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**2019 Grant Application**  
**Cover Page**

**Grant No.** \_\_\_\_\_ -2019 (Office Use Only)

**Grant Applicant Name(s)**

(If more than one applicant, the first name listed should be the grant representative.)

**School Information:**

School Corporation:	
School	
Principal's Name:	
Street Address:	
City, State, Zip:	
School Phone:	
School Fax:	

**Home Information (of Grant Representative)**

Name:	
Street Address:	
City, State, Zip:	
Home Phone:	
E-mail:	

For clarification of any aspect of the application procedure, please contact Helena Wiese at the email listed below or phone (765) 477-4228.

**Please return the completed application to the following address or e-mail by March 1, 2019.**

Helena Wiese  
Evonik Corporation  
Tippecanoe Laboratories  
1650 Lilly Road  
Lafayette, IN 47909-9201  
Email: Helena.L.Wiese@Evonik.com

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**2019 Grant Application**

**Grant No.** \_\_\_\_\_ -2019 (Office Use Only)

<b>Date:</b>
<b>Grant Title:</b> <span style="background-color: yellow;">(Do not include school or corporation name)</span>
<b>Amount Requested:</b>
<b>Grade Levels:</b> <i>(The youngest and oldest grades to be helped by the grant.)</i>
Start Grade:
End Grade:
<b>Number of Students Impacted:</b> <i>(How many students will benefit from the grant each year?)</i>
<b>Number of Years Grant Materials Will Impact Curricula:</b>
<b>Summary:</b> <i>(A one-paragraph summary of the grant which does not include school or corporation name)</i>

Please provide information on each of the following. **(ALL INFORMATION MUST BE TYPED.)**

**Do not include school or corporation name.**

- 1. Goals of Project (list 2 or 3 bullet points):**
  
  
  
  
  
- 2. Applicability to the teaching of STEM education and curriculum (PIE Goals). Briefly list specific activities/objectives and explain how they apply to the STEM standards and goals:**
  
  
  
  
  
- 3. How will the students be directly impacted from the grant?**



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- 4. How will you evaluate the accomplishment of your goals and the direct impact to the students?**

- ## 5. Timeline for grant completion:

- 6. Itemized budget by item and cost (i.e., supplies, materials, etc.):**

**Note:** Please provide further details on obscure items or items for which their usage is not readily apparent, if not already described above.

Item	Quantity	Cost (each)	Total Cost
<b>GRAND TOTAL</b>			\$

- 7. If cost exceeds \$1,000, please describe other source(s) of funding:**