

**Applicant First and Last Name \***

Paul Sams

**Department or Organization \***

Teacher at Des Moines Roosevelt

**Primary Phone Number \***

5157077908

**Project Title \***

Academic Decathlon State

**Project Description (1-2 paragraph summary) \***

Our Academic Decathlon team has qualified for the State Tournament in Mason City the weekend of March 4th, and 5th. I've been the coach here at Roosevelt for several years and have qualified several times. This is a great honor for our students. For the most part my team is made up of students who are not heavily involved in extra curricular activities like sports or chorus. This is a great opportunity that will allow them to learn life long skills and meet people all over the state. Students can also become eligible and apply for valuable scholarships through this competition. Our funds would cover the registration fee and the meals included in it, transporation, and a hotel room for a night.

**Total Amount Requested \***

800.00

**Project Goal (What learning objective will be met? How will the project meet current needs of students, staff or community? What will the project accomplish?) \***

To prepare students for a life after High School. It will build community support, help students socially in interaction with adults and peers. To gain knowledge necessary for college preparation. To give confidence to students who generally aren't involved in extra curricular activities.

**Project Management (Who will manage project? Is there any additional oversight needed? Are you interested in having a member of the TRHS Foundation board assist?) \***

I will be chaperoning the team on the trip.

**Project Target Population (How many students will benefit? Is this within a specific department, staff related, etc.? What demographic of students will this serve?) \***

We will take at least 5 students maybe up to 9. I have a few minority students and two with IEP.'s.

**Project Duration (How long will the project last? Do you believe there is long-term impact instead of one-time benefit?) \***

2 days.

**Project Funding Sources (Have you applied for any additional funding, if so, from who and have you been awarded funds? Are there matching funds available? Are you pursuing any additional funding at this time? Please specify dollar amount where able.) \***

No

**Additional Information (Please provide us any additional information you feel might be important to making our funding decision.) \***

N/A

**Project Budget (Please provide a DETAILED budget below for the entire project costs. Simply upload your budget here.) \***

See additional info

**If you receive funding from the TRHS Foundation, you agree to submit timely follow-up photos and a 2-3-paragraph write-up to be shared via social media and our Roughrider Recall E-newsletter. \***

YES

**Have you been funded by the TRHS Foundation for a previous project? If yes, please list project, amount awarded and date. \***

No

**By checking the box below, you are agreeing that all information in this application is true and you are officially filing an Special Request Application to the TRHS Foundation Board. \***

Applicant agrees to terms.