

STEM Scale Up Program Application

Program Name

Applicant First Name:

Applicant Last Name:

City:

Applicant STEM Region:

Applicant Organization/School Building:

Applicant Title in Organization/School:

Applicant Organization/School Address:

Applicant Organization/School Address 2:

County:

Zip Code:

Applicant Phone Number (with area code):

Applicant Summer Phone Number (with area code):

Applicant School/Organization Email:

Confirm Applicant School/Organization Email:

Is your shipping address for STEM Scale-Up Program materials and equipment different from above?

Administrator's First Name:

Administrator's Last Name:

Administrator's Email:

Administrator's Phone Number:

Institution's Fiscal Agent/Business Manager First Name:

Institution's Fiscal Agent/Business Manager Last Name:

Institution's Fiscal Agent/Business Manager Email:

Institution's Fiscal Agent/Business Manager Phone Number:

Educators Implementing and Attending Required Professional Development:

Educator 1 Information

First Name:

Last Name:

Email:

Position Title:

Grade Level(s):

Educator 2 Information

First Name:

Last Name:

Email:

Position Title:

Grade Level(s):

Educator 3 Information

First Name:

Last Name:

Email:

Position Title:

Grade Level(s):

1. **Grade Levels:**

2. **Will this program be implemented in school or out of school or both?**

3. **How many classrooms, sections, or youth groups will implement the program during the year?**

4. **Estimated total number of youth who will participate:**

5. **What percentage of youth are on free/reduced lunch? (round to nearest whole number) Please refer to <https://educateiowa.gov/data-reporting/education-statistics> for guidance of free/reduced lunch by Iowa Schools. Any questions about this report, please email them to info@iowastem.org:**

6. **What will be the estimated number of females participating in the program?**

7. **What will be the estimated number of youth of diversity (e.g. youth of color, disability) participating in the program?**

8. **If applying for more than one STEM Scale-Up Program for this location, please rank preference for this program (e.g. 1st of 3, 2nd of 2):**

9. **Describe, in detail, how the educator(s) will implement the program selected? (500 word limit)**

10. Explain how your school/organization plans to sustain this program beyond the Scale-Up award year. (Such as; costs for consumables, licensing, additional training, etc.?) (300 word limit):

11. Describe how implementation of the Scale-Up program will increase access to equitable STEM opportunities for all students especially historically underserved students (such as; youth of color, gender distribution, free or reduced lunch, special needs, low test scores, rural, etc.)? How will you know (measure) that you are progressing toward higher levels of access and youth engagement with STEM opportunities? (500 word limit):

I have read the "Requirements to Implement the Program" section of the program's fact sheet, and the educator(s) will attend the Professional Development/Training and implement the program with fidelity (to the best of my/our abilities).

Additional Comments (In this area, please share with us any special circumstances or information specific to your organization that would be pertinent for us to consider):

How did you hear about the Scale-Up program opportunity?