

**STEM Scale Up Program Application  
Scale-Up PROGRAM "NAME"**

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**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:**

**Title:**

**Phone Number (Ex. 111-111-1111):**

**Email:**

**Summer Email:**

**Grade Level(s):**

**1. Who are your intended participants?**

**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-pk-12#Student\\_Enrollment](https://educateiowa.gov/data-reporting/education-statistics-pk-12#Student_Enrollment) for guidance of free/reduced lunch by Iowa Schools. Any questions about this report, please email them to [info@iowastem.org](mailto: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. How will the STEM Scale-Up program fit into and improve your current STEM units, lessons, curricula? Please provide a specific example. (500 word limit)

10. Describe the implementation plan and the students for whom, when and where the Scale-Up program will be used so that reviewers can understand for whom and where the program will be implemented. (500 word limit)

11. The goal of the STEM Scale-Up Program of the Iowa Governor's STEM Advisory Council is to "seed" or start programs (not sustain). What is your plan to cover the costs of sustaining this program in future years (supplies and materials, fees, additional training, etc.)? (300 word limit)

**12. The STEM Council established the priority to reach children of high need and/or under-served (specifically rural/urban, ethnic/racial minority, gender distribution, free or reduced lunch, special needs and low STEM academic performance). Please identify the high-need groups you will serve using this program. (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?**