

St. Sebastian PROJECT DENVER

9816 E Crestline Circle
Greenwood Village, CO 80111
www.SaintSebastianDenver.org
email: info@SaintSebastianDenver.org



Grant Request Form

School: _____ Request Amount: \$ _____

Address: _____

Principal: _____ Athletic Director: _____

Principal Phone: _____ A.D. Phone: _____

Principal Email: _____ A.D. Email: _____

Request Description: _____

1. Total number of unduplicated youth sports participants (unduplicated – for example, if a boy plays baseball and basketball, that participant should only be counted once): _____
2. Number of weeks per year your sports program is active: _____
3. Average number of hours per week during your season: _____
4. Percentage of participants who returned from your prior season: _____ %
5. What sports does your school offer: _____

6. Coaches:

Do you require your coaches participate in training: Yes No

If so, number of training hours required per coach per year: _____

Total number of coaches: _____

Total number of coaches returning from prior year: _____

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7. Student data:

How many students enrolled in **grade school**: _____

Number of students in **grade school** who participate in sports: _____ (A)

Breakdown by gender: Male _____ Female _____ (male + female should total (A) above)

How many students enrolled in **middle school**: _____

Number of students in **middle school** who participate in sports: _____ (B)

Breakdown by gender: Male _____ Female _____ (male + female should total (B) above)

Estimated percentage of students who participate who are low-income (for example, eligible for free or reduced lunch): _____%

What is the fee a family must pay for a child to play a sport: \$_____

Percentage of families that pay the athletic fee: _____% (C)

Percentage of families on athletic scholarship for the fee: _____% (D)

Total ((C) + (D) should total 100%): 100%

Number of students who would not have been able to participate in sports with out the aid provided from the Saint Sebastian Project: _____

Number of students at your school impacted by the grant and equipment provide by the Saint Sebastian Project: _____

IMPORTANT: Please attach documentation that supports the grant requested (ie: Invoice, vendor estimate for uniforms, fee structure from CSAL, etc.).

Please confirm that by receiving these funds it will not result in funds currently allocated to the athletic programs at your school to be diverted to non-sports related expenses.

Principal Signature

Date

Athletic Director Signature

Date