



American Indian Education Fund Transitional Camp Grant Application

School Name			
Mailing Address	City	State	Zip Code
Contact/Program Partner Name	Title	Phone Number	
Fax Number	Email address		President's Name
UPS /Physical Address (if different from Mailing)	City	State	Zip Code
EIN #			

SCHOOL / COMMUNITY INFORMATION:

Type of School: BIE Operated Tribal BIE Grant Private State Funded
 Approximate Number of Students to be served with this program _____

TRANSITIONAL CAMP CHOICE: High school to College and New Freshmen

Date of Proposed Camp _____

PROGRAM PLAN: This is a competitive application. Please describe, in detail, how your school will support the selected program with emphasis on the following: **(Attach a 2 page double spaced, 12 font program plan)**

- 1) How your school community plans to increase the graduation rate
- 2) Student eligibility to participate in the selected program
- 3) How students will be informed of the program
- 4) How parents and staff may volunteer and participate
- 5) School's monitoring system for participation
- 6) Submission of a report no later than 30 days after the camp
- 7) Completion of the attached proposed agenda

Signature: _____ *Date:* _____

Submit Application To:
 American Indian Education Fund * 2401 Eglin Street * Rapid City, SD 57703
 phone: 605-342-9968 fax: 605-399-9908 email: mkeller@nativepartnership.org website: www.aiefprogram.org
 (Formerly American Indian Education Foundation)