



STEAM Residency Project

A KC STEM Alliance and KANSAS CITY YOUNG AUDIENCES collaboration

2019 STEAM Residency Grant Application

All Applications are due by May 31, 2019

INTRODUCTION

Kansas City Young Audiences (KCYA) and the KC STEM Alliance are pleased to offer grant funds to support a limited number of STEAM Residency programs for elementary school classrooms implementing Project Lead the Way (PLTW) LAUNCH, or other STEM curriculum during the 2019-2020 school year. Full and partial grants are available. KCYA is able to offer a number of partial grants for STEAM Residencies – we would love to be a partner in funding the program with your school! If your school can contribute funds, KCYA may be able to match dollar for dollar to cover the Residency cost!

PARTICIPATING CLASSROOMS WILL RECEIVE:

1 Professional Development Session

Saturday September 7th from 1:00 – 4:00 pm:

During this hands-on session, classroom teachers will work alongside professional teaching artists exploring and practicing ways to use the arts in teaching STEM curriculum. Presentations will include teacher/teaching artist pairs who have participated in previous STEAM residency projects.

You will leave this interactive and informative session with specific ideas on how to integrate the arts into PLTW-LAUNCH and other STEM curriculum lesson plans.

4 Hours of Planning Time with the Teaching Artist and Team

These planning sessions between you, your partner teaching artist, and a KCYA or KC STEM staff member will help you plan which specific LAUNCH or other STEM curriculum lesson plans you intend to teach.

7 Classroom Visits by the Teaching Artist

Your partner teaching artist will come to class to teach or co-teach with you the specific PLTW LAUNCH/STEM lessons you've chosen for integration. These sessions will be customized based on your needs, interests, and experience.

1 Exit Interview with Project Evaluator

Teacher and Teaching Artist will have one final meeting to reflect on the project and assist the KCYA and KC STEM Alliance in project evaluation and future planning.

Each classroom teacher, or grade level team, must submit a grant application for consideration. Each class that is awarded a grant will be treated as a separate residency for fiscal purposes. If partial grant funding is awarded, workshops that are scheduled with no more than a 90-minute break in between will be eligible for a multi-workshop discount.



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ELIGIBILITY GUIDELINES & SUBMISSION REQUIREMENTS

1. The elementary classroom must be associated with a school or school district organization in the 6 county metro area (Missouri - Jackson, Cass, Clay, Platte, Kansas – Johnson or Wyandotte.)
2. This a competitive grant process – not all programs will be funded. Preference will be given to schools participating in the PLTW LAUNCH.
3. Full and partial grants are available.
4. Application deadline: May 31, 2019. Submit application form by email to Rachel Cain, Director of Arts Education, rcain@kcyo.org. Phone: 816-531-4022 ext 1011
5. Grants will be determined by a panel; notification will be made by July 12th.
Teachers not awarded the grant may still book this Residency for the full price of \$1,430. (Title I schools may qualify for separate funding support.)
6. The Professional Development workshop will be on Saturday, September 7th, 1:00 – 4:00 pm. Please note on this application, if you are NOT available on that date.
7. Grant recipients agree to submit data about participants including: demographics (gender, race) and agree to participate in program evaluation activities, including participant surveys.

PARTICIPATING SCHOOL INFORMATION

School Name: [Click here to enter text.](#)

School District: [Click here to enter text.](#)

School Address: [Click here to enter text.](#)

School Principal/Director Name: [Click here to enter text.](#)

School Principal/Director Email: [Click here to enter text.](#)

Classroom Teacher Contact Name(s): [Click here to enter text.](#)

Classroom Teacher Contact Email(s): [Click here to enter text.](#)

Best Teacher Contact Phone in June and July: [Click here to enter text.](#)

Best Teacher Contact Email in June and July: [Click here to enter text.](#)



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Are you available to attend the September 7, 2019 Professional Development Seminar? My Answer

GRANT REQUEST INFORMATION

1. Please describe the specific PLTW LAUNCH modules that will be implemented in your classroom this year. If you are not using PLTW LAUNCH, please list the specific STEM curriculum that you will be using. [Click here to enter text.](#)
2. What are 3 targeted goals or outcomes you hope to achieve from integrating the arts into your LAUNCH or STEM curriculum? [Click here to enter text.](#)
3. Please describe your understanding of arts integration and how it benefits your students. [Click here to enter text.](#)
4. Does your school and/or district support arts integration or will this be a new venture? [Click here to enter text.](#)
5. How many years have you been a classroom teacher? [Click here to enter text.](#)
6. How many years have you been teaching PLTW LAUNCH or the STEM curriculum that you are currently implementing? [Click here to enter text.](#)
7. Are you currently using the arts in your classroom to enhance learning? If yes, please describe. [Click here to enter text.](#)
8. Have you or a staff member at your school participated in PLTW leadership training and/or is there an instructional coach at your school to provide support for STEM learning? Please describe. [Click here to enter text.](#)
9. What percentage of grant funding would your school require to allow your participation in the Residency? [Click here to enter text.](#)



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STUDENT GROUP AFFECTED BY GRANT

(Estimate)

- Total Number of Students: [Click here to enter text.](#)
- Percentages by Gender: [Click here to enter text.](#)
- Percentage of Free and Reduced Lunch: [Click here to enter text.](#)
- Grade Level: [Click here to enter text.](#)
- Other: [Click here to enter text.](#)

If this application is being completed by a team for multiple class rooms, please answer the following:

- Number of Class rooms applying in this grant: [Click here to enter text](#)
- Number of Students per classroom (if applicable): [Click here to enter text](#)

AUTHORIZATION

I certify that the above information is correct, that I have the support of my school Principal and are authorized to submit this grant application to KCYA/KC STEM Alliance.

Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Date: [Click here to enter text.](#)