



Nevada Archery in the Schools Grant Program Application Form

Please complete all fields of this form

Program Facilitat	or:						
School:			School NASP Identification #:				
[]	High School	[]	Middle School	[]	Elementary School		
Mailing Address:			City:		State, Zip:		
	Er	nail:			Fax:		
Kits include 10	Oright-handed bows,	2 left-hand	ded bows, 5 targets, 12 equipment box.	20 arrows, 1 s	on the equipment selecte safety curtain, 1 bow rack		
(1) Are you fan	niliar with the Nationa	al Archery i	n the Schools Progran	1?	[] Vo.	- [] N-	
					[] Ye	s [] No	
(2) Briefly expl	ain your purpose in se	eeking the	grant.				
(3) What amou	unt will your school be	e financially	/ able to provide towa	rd the full Sta	andard Archery Kit cost?		
					[\$]	
(4) What amou	int of grant funds wo	uld he reau	rested to complete the	nurchase of	a Standard Archery Kit?		
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(5) Does your school have the means to earn the matching funds (fundraisers)?	[] Yes	[] No					
	[] 163	[] 140					
(6) Does your school currently have NASP equipment from a prior program?							
	[] Yes	[] No					
(7) Does your school currently have an archery program as part of its physical education curriculum?							
, , , , , , , , , , , , , , , , , , , ,	[] Yes	[] No					
(%) Doos your school surrently have an after school program?							
(8) Does your school currently have an after-school program?	[] V	[] N-					
	[] Yes	[] No					
(9) Please describe all after-school uses intended for the equipment.							
(10) Will the equipment be used in the physical education unit for at least two consecutive weeks?							
	[] Yes	[] No					
/44\\A/:ll the continue and he wood in the cohead grown again.							
(11) Will the equipment be used in the school gymnasium?	[] Yes	[] No					
	[] Tes	[] 110					
(12) Will the equipment be used outdoors?							
	[] Yes	[] No					
(42) MCH the control of the control							
(13) Will the equipment be used in multiple schools?	[] V	f 1 N.					
	[] Yes	[] NO					
*If equipment is used in multiple schools, please list the schools below.							
(14) How will the equipment repair and maintenance be handled? (check all that apply)							
[] Archery Shop [] School Staff [] Club Volunteers [] Unk	known at t	his time					
Return the completed form to NDOW, NASP Statewide Coordinator Adam Kavanagh – <u>Adam.Kavanagh@ndow.org</u>							

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