



NASP Grant Request Form



Date / /2018

School name: _____

School address: _____

County: _____ D# _____ Website: _____

Primary contact person: _____

School phone _____

Other phone _____ Home _____ Cell _____

School e-mail _____

Other e-mail _____

Your school agrees:

- 1: To have only NASP certified Educators lead the archery lessons.
- 2: To present the NASP archery lessons as part of the “in school” curriculum.
- 3: To use only NASP approved archery equipment during “in school” archery lessons.
- 4: To annually provide the WA NASP Coordinator with student participation numbers.
- 5: If the “in school” NASP archery lessons are suspended within three years of the date of a successful grant agreement you will return the equipment provided by this grant to the WA NASP Coordinator.

Estimated number of 1st year staff requiring archery instructor training: _____

Estimate of the number of total students in all classes the first year by grade:

Grade: 4-5 Number of Students: _____

Grade: 6-8 Number of Students: _____

Grade: 9-12 Number of Students: _____

Typical Archery Class size: _____ Maximum Class Size _____

Will the class be taught: Indoors _____ Outdoors _____ Both _____

Will your school be interested in also providing or participating in an:

On campus extra-curricular archery program or club: ___ Yes ___ No

Intramural archery competition: ___ Yes ___ No

Comments: _____

Email to wa-archery@live.com or Mail to: WSAA, PO Box 613, Hoquiam WA 98550