



# 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 1<sup>st</sup> 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](mailto:wa-archery@live.com) or Mail to: WSAA, PO Box 613, Hoquiam WA 98550