

Model Whole Schools Application Form

Note: The following application is for funding for the 2012-2013 school year.

1. School: _____ 2. County: _____
 3. Mailing Address: _____ City: _____, MS Zip: _____
 4. Telephone: _____ Fax: _____
 5. School District: _____ School website: _____
 6. US Congressional District # ____ 7. MS Senate District # ____ 8. MS House District # ____

Find your U.S. Congressional and Mississippi district numbers at: www.votesmart.org

9. Year your school was founded: _____ 10. Federal employee ID# _____
 11. Project Director: _____ Title: _____
 12. Project Director – Telephone: _____ E-mail: _____
 13. School Principal: _____ Title: _____
 14. Principal - Telephone: _____ E-mail: _____
 15. Authorizing Official (*Superintendent*): _____
 16. Authorizing Official - Telephone: _____ E-mail: _____
 17. School District’s Fiscal Officer: _____
 18. Fiscal Officer’s Telephone: _____ E-mail: _____
 19. What year in WSI has your school completed? (if complete, please note as “complete”): _____
 20. Please note a range of time when you can host a Model Schools review team if your school is chosen for a site review: Starting Date: _____ End Date: _____
 21. Has your Project Director and Principal attended this past year’s recent WSI convening? yes no
 If no, please explain

Provide the names and contact information for staff and members of your Project Team in the following questions. If you have additional contacts that won’t fit within the provided spaces, please list them on the supplementary page found at the end of the application form.

22. List the names, job titles, artistic discipline and email for the arts specialists on staff, both part and full time:

<u>Name</u>	<u>Job Title</u>	<u>Arts Discipline</u>
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Check here if there are additional names for this group listed on the supplemental page:

CD-R Attachment

Please submit a CD-R disc that includes the following documents related to your WSI project:

1. Arts integrated lesson plans (one per grade level) developed by your staff that address specific competencies
2. Lesson plans from your school's arts specialist(s) (one per specialist on staff) that address specific competencies
3. Your school's curriculum map
5. A copy of your school's schedule that includes staff planning time
6. Evidence of partnerships between your school's arts specialists and classroom teachers, such as a sample lesson plan or a thematic unit.
7. Copy of the promotional materials distributed to parents and community members that details the use of the arts in your school.
8. The link to the page on your school's website that describes your WS project
9. A sample of how your staff has used technology to teach arts integration, such as a video, blog, Powerpoint, or other item.
10. A list of grants (other than MAC) your school has received in the past year. Please include the granting organization, the amount, and the purpose of the grant.
11. Copy of student data that demonstrates the effects of your WS project
12. A document that includes descriptions of the following items:
 - details on a recent staff development session
 - how new school staff are oriented to the WS project.
 - your school's community partnerships, including the role of parents and local cultural institutions in your project.
 - how your district supports your school's WS work.
 - your change journey process
 - how you publicize your project through local media.

Certification

The authorizing official and project director certify that the information contained in the application, including all attachments and supporting material, is true and correct to the best of our knowledge. We certify that the applicant will comply with all general and specific guidelines and restrictions of the Mississippi Arts Commission and, when applicable, of the National Endowment for the Arts, including the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Executive Order 12549, Fair Labor Standards, and the Drug Free Workplace Act of 1988.

Original Signature of Authorizing Official

Date

Name

Title

Signature of Project Director

Date

Name

Title

Your application and the required support materials (narrative and CD-R) must be postmarked and in the mail no later than March 1, 2012. Send it to:

**Mississippi Arts Commission
501 North West Street
Suite 1101A, Woolfolk Building
Jackson, MS 39201**

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Additional Contact Names for Questions 22 and 23:

22. Additional arts specialists on staff, both part and full time:

<u>Name</u>	<u>Job Title</u>	<u>Arts Discipline</u>	<u>E-mail Address</u>
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23. Additional members of your Project Team:

<u>Name</u>	<u>Title</u>
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