STEAM Innovation Award Application Questions

Name:
Organization/Program:
Title/Affiliation with Organization/Program:
Email:
Phone Number:
Program Address:
County/Counties Served
Program website (optional)
Program social media (optional)

Please upload videos, photos, and/or related materials to support your application.

Section 2: Program Overview

Type of Program (choose one)
Year Round
School Year
Summer

Activities Provided: (check all that apply)
Academic Enrichment
Arts
Behavioral and Mental Health Services
Prevention
Civic Engagement/Service Learning
Digital Learning
Family and Parent Activities
Financial Literacy
Health and Wellness
Life Skills
Mentoring
Science, Technology, Engineering, Math (STEM)
Sports/Recreation
Tutoring/Homework
Workforce Development/Career Exploration
Volunteer Opportunities
Other

Number of Youth Served per Age Group (indicate number of each age group served annually)
0-5
6-10
11-14
15-18
18-21
Section 3: STEAM Innovation

Please describe the innovative STEAM programming your organization provides to the youth served? (up to 500 words)

Please describe the impact your innovative STEAM programming has on your students and on the community (i.e. outcome data, various audiences reached, number impacted, etc)? (up to 500 words)

Please share how your program measures success and outcome data from your program (i.e. various audiences reached, number impacted, etc.). (up to 500 words)

Section 4: Confirmation of Application

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Agree
Disagree