

# Italian Language Program Funding Proposal

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## APPLICATION FOR FUNDING OF ITALIAN LANGUAGE FOR 2018 - 2019 ACADEMIC YEAR

1. Name of School	2. Principal
3. Contact Person	4. Title
5. School Address	6. Telephone <span style="float: right;">Fax</span> E-mail:
7. School's Total Student Count	8. Name of District
<p>9. Is Italian Currently offered at your school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, for which grade levels?</p> <p>How many days each week?</p> <p>How many contact minutes?</p>	
<p>10. Are any other world languages offered at your school?</p> <p>Which languages?</p> <p>For which grade levels?</p> <p>How many days each week?</p> <p>How many contact minutes?</p>	
11. Does the school currently have a teacher for this program?	
12. Please indicate any specific school or district requirements for teacher:	
13. Anticipated starting and ending dates:	
14. Number of instructional weeks per school year:	
15. The dollar amount of the funding your school requests for 2018-19.	

16. Complete this information grid with estimates:

Grade Level	Number/Level of Courses per Grade Level	Anticipated Enrollment	Number of Class Meetings per Week	Duration of Each Class	Day(s) & Time of Class

17. Proposed Program Description: Please use this area to briefly describe the Italian Language Program you wish to offer at your school.

Signature of School Principal or Director

Date

Return Completed Applications to the:  
 Italian Cultural Society (Ente Gestore)  
 PO Box 189427 Sacramento, Ca 95818