

# **Model Whole Schools – Application Form**

*Note: This application is for participation in the Model Schools program for the 2016-2017 school*

*year. What year of Model Whole School are you applying for?*  Year One  Year Two

*How many years has your school spent in WSI?* \_\_\_\_\_

*Did your school participate in Arts in the Classroom?*  Yes  No

1. School: \_\_\_\_\_ 2. County: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_, MS Zip: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ 5. School District: \_\_\_\_\_

6. School website: \_\_\_\_\_

7. U.S. Congressional District # \_\_\_\_ 8. MS Senate District # \_\_\_\_ 9. MS House District # \_\_\_\_

*Find your U.S. Congressional and Mississippi district numbers at: [www.votesmart.org](http://www.votesmart.org)*

10. Year your school was founded: \_\_\_\_\_ 11. Federal employee ID# \_\_\_\_ - \_\_\_\_\_

12. DUNS Number \_\_\_\_\_ *Find your school's DUNS number at: [www.dandb.com](http://www.dandb.com)*

13. Primary Project Director: \_\_\_\_\_ Title: \_\_\_\_\_

14. Primary Project Director – Daytime Phone: \_\_\_\_\_ Work e-mail: \_\_\_\_\_

15. Primary Project Director – Cell Phone: \_\_\_\_\_ Personal e-mail: \_\_\_\_\_

16. Secondary Project Director: \_\_\_\_\_ Title: \_\_\_\_\_

17. Secondary Project Director – Daytime Phone: \_\_\_\_\_ Work e-mail: \_\_\_\_\_

18. Secondary Project Director – Cell Phone: \_\_\_\_\_ Personal e-mail: \_\_\_\_\_

19. School Principal: \_\_\_\_\_ Year Principal began position: \_\_\_\_

20. Principal – Daytime Phone: \_\_\_\_\_ Work e-mail: \_\_\_\_\_

21. Principal – Cell Phone: \_\_\_\_\_ Personal e-mail: \_\_\_\_\_

22. Authorizing Official: \_\_\_\_\_ Title: \_\_\_\_\_

23. Authorizing Official – Daytime Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

24. Year the Authorizing Official began at their position: \_\_\_\_\_

*Note: MAC is collecting cell phone and personal emails in order to reach project leaders outside of the school year, especially prior to the WSI Summer Institute.*

## **Applicant School - Background Information**

25. Grades served: \_\_\_\_ to \_\_\_\_

26. Number of students: \_\_\_\_\_

27. Percentage of the students who receive free or reduced lunch: \_\_\_\_%

28. How many current students are considered "inclusion" students?: \_\_\_\_\_
29. How many current students are considered "self-contained" students?: \_\_\_\_\_
30. Type of school accreditation: \_\_\_\_\_
31. Date of your school's upcoming reaccreditation evaluation: \_\_\_\_\_
32. Your school's organizational structure (check all that apply):  
 Self-Contained  Departmentalized  Other (detail): \_\_\_\_\_
33. What type of reporting is used at your school? (check all that apply):  
 QDI  SAT  Universal Screening  Other (detail): \_\_\_\_\_

34. Please fill out the chart below, providing data from the last three school years:

	<b>2014-15</b>	<b>2013-14</b>	<b>2012-13</b>
<b>School Score based on QDI or SAT data:</b>			
<b>Reading Score for each grade level.</b> Choose your school's grades from the dropdown lists below:			
<b>National Percentile for English Language Arts:</b>			
<b>School Ranking based on QDI or SAT score (i.e: A, B, Successful)</b>			
<b>% Average Daily Attendance:</b>			

35. When will you finalize your school's academic goals for 2016-17?: \_\_\_\_\_
36. When will your school's 2016-17 budget be finalized?: \_\_\_\_\_
37. Did you apply for a MAC Project Grant for the 2015-16 school year? If so, please give a brief description:
38. List all non-MAC grants your school received during the 2015-16 school year. List the name of the granting organization, the grant amount, and the purpose of the grant:

Provide the names and contact information for staff 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.

39. List your school's Nationally Board-Certified personnel:

	<u>Name</u>	<u>Job Title</u>	<u>E-mail Address</u>
1.			
2.			
3.			
4.			

Check here if there are additional names for this group listed on the supplemental page:

40. List the arts specialists at your school (i.e. Dance, Theatre, Visual, Music):

	<u>Name</u>	<u>Job Title</u>	<u>Arts Discipline</u>	<u>Full/Part Time</u>	<u>E-mail Address</u>
1.					
2.					
3.					
4.					

Check here if there are additional names for this group listed on the supplemental page:

41. List the names of the staff members who have agreed to serve on the Arts Leadership Committee (do not include the principal or project directors):

	<u>Name</u>	<u>Title</u>	<u>Years of Teaching Experience</u>
1.			
2.			
3.			
4.			
5.			
6.			

Check here if there are additional names for this group listed on the supplemental page:

42. How many certified classroom teachers are currently employed at your school?: \_\_\_\_\_

43. How many non-certified classroom teaching assistants are currently employed at your school?: \_\_\_\_\_

44. What is the administrative structure at the school (i.e. Principal, Assistant Principal, etc.): \_\_\_\_\_

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Estimate, in percentages, the racial composition of the following groups who will take part in your project:

	Actual Number	% White	% Native American	% African American	% Asian	% Hispanic	Total
School Staff		%	%	%	%	%	= 100 %
Students		%	%	%	%	%	= 100 %
Total Taking Part In All Activities		%	%	%	%	%	= 100 %
Population of Your Community**		%	%	%	%	%	= 100 %

\*\*Community is defined as the geographic area that your school district serves. Check the U.S. Census Bureau's website ([www.census.gov](http://www.census.gov)) to find the most recent estimate of your community's population.

**Attendance Itemization:** Please provide attendance numbers for your project. Fill out **only** the sections of the table that apply to your project. If it doesn't apply, leave it blank. For ongoing projects, include your figures from last year as well as projected attendance for the coming year. For a one-time project, leave the "last year" column blank.

Type of project(s) to be funded by this grant	Number of events last year	Number of attendees last year	No. events planned for this year	Est. number of attendees this year
Performance				
Exhibition				
Artist Workshop				
Arts-related field trips				
Professional Development				
Other				
Other				
Other				

Please provide the numbers and percentage of staff who have attended the following:

	Number of times the school administrator has attended:	Percentage of <i>current</i> total staff who have attended:	Number of staff who the school <i>plans</i> to send in 2016-17:
Past WSI Summer Institutes			
Past Fall Retreat/Fall Cluster Retreats			
Past Spring Retreat/Spring Retreats			

### Source of Matching Funds

	Amount
1.	
2.	
3.	
4.	
5.	
<b>TOTAL:</b>	

*\*see guidelines for list of possible matching sources*

## **Model Whole Schools: Narrative**

Answer the following question in a narrative of up to three pages. Please re-state the question before responding. It should be formatted using a minimum 12 point font size and one inch margins on all sides of the page.

### Overview

What types of services do you anticipate needing from WSI in the upcoming school year to continue your school's journey of change through the arts?

What do you attribute to the increase or decrease in your school's test scores?

### Internal structure

How many sections of each grade level do you currently have and what is the average size classroom per section?

### Funding

Do you receive Title 1 or 2 funds? If so, how are those funds currently being used?

How does your fundraising plan support the arts?

### Parental Involvement

Does your school have a PTO or PTA?

What is the percentage of parents who are members of the PTO/PTA?

What efforts do you currently implement to increase parental involvement?

How do you use the arts to increase parental involvement?

How do you disseminate your philosophy of arts integration to parents?

How do you currently involve parents in the arts during school hours (such as guest presenters, art assistants, and arts committees)?

How do you currently involve parents in the arts after school?

What tools do you provide to the parents in the arts and arts integration to be used outside of the classroom?

### Professional Development

What is the structure for disseminating information from professional development workshops to the rest of the staff?

What day(s) of the week and time(s) do you hold professional development?

### Community Involvement

How do you connect your arts integration work with local and statewide cultural institutions (such as libraries, museums, and theaters)?

### Model School Duties

Model schools are asked to advise one or more WSI schools in your region. Because there is a requirement for a minimum of three in-person meetings, please write a formal response with any conditions or comments we should be aware of in advance (see the Advisor job description for details).

A Model school site visit is approximately three hours. How many site visits would your school be willing to host for the upcoming school year?

# **Model Whole Schools: Final Checklist**

**Incomplete applications**, defined as applications missing one or more of the documents listed below, **will not be considered for funding and will be returned to the applicant**. Please make sure you have completed every section of the application and have attached all of the required documents by actually checking items (✓) on the following list and signing off for completeness. *Be sure to include a divider for each item and if submitting lesson plans, clearly mark the grade level and disciplines/subject areas in their arts integrated lessons.* **Remember to submit one original and one copy of the following:**

- Whole Schools Initiative Application Form
- Narrative (*three-page maximum*)
- WSI Project Team Organizational Chart (see sample in guidelines)
- A copy of the planning schedule, highlighting time with teachers and art specialists (if applicable)
- Letter of support from the school's superintendent that describes the support (both administrative and financial) to the school's involvement with WSI.
- Calendar of school events and regularly scheduled meetings for the 2016-17 school year. Include such items as PTA/PTO meetings, faculty meetings, professional learning committee meetings, and other school-wide events. Highlight the events that related to WSI.
- Letter of support from the school's PTO or PTA that describes the structure of the meetings, involvement of the parents at the school as it pertains to the arts and other annual school events.
- An overview of the school schedule, including information on each grade level's visual and performing arts classes
- 3-5 copies of past newsletters from this current school year that point out arts experiences and arts integrated lessons

**If your school is applying for the first time to be a Model school, please also submit these additional items:**

- One sample arts integrated lesson plan from each grade level at the school (include the Common Core standards and Mississippi Visual and Performing Art Frameworks). (Optional) Include 2-3 images of students working on the lesson and 2-3 images of the final product.
- One sample lesson plan from each of the school's arts specialists (include the Mississippi Visual and Performing Arts Frameworks) (Optional) Include 2-3 images of students working on the lesson and 2-3 images of the final product.
- Curriculum Map (with art connections highlighted)
- Personal statement from the principal describing their desire and purpose their school to apply to be a Model School (Year One only)
- If a private school, a copy of your IRS 501(c)3 determination letter

**Please do not bind or staple the above-listed application materials.**

**I certify that the application form is complete and that the above-listed documents are attached.**

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**Project Director's Signature**

**Date**

# **Model Whole Schools: 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. For a complete list of the federal regulations that apply to NEA funds, please see the NEA's General Terms and Conditions at [www.arts.gov/manageaward/GTC.pdf](http://www.arts.gov/manageaward/GTC.pdf).

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*Original Signature of Primary Project Director*

*Date*

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*Name*

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*Title*

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*Signature of the Authorized Official*

*Date*

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*Name*

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*Title*

**Your application must be postmarked and in the mail no later than March 1, 2016. Send it to:**

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

## Model Whole Schools Application - Supplemental Page Additional Contact Names for Questions 39 & 41:

39. Additional Nationally Board-Certified personnel:

	<u>Name</u>	<u>Job Title</u>	<u>E-mail Address</u>
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

41. Additional members of your Arts Leadership Team:

	<u>Name</u>	<u>Title</u>	<u>Years of Teaching Experience</u>
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			