



## **PROJECT STARFISH**

*...One Matters*

**Mission:** Project Starfish seeks to assist students who are in need of financial support to obtain school supplies, attend field trips or address other miscellaneous needs that can help the student more actively engage in their school experience.

**Vision:** That all students have the means to pursue a wide variety of learning opportunities. Project Starfish removes barriers so all students are able to reach their full potential.

Project Starfish also offers the opportunity for any student to “pay it forward” with volunteer service at their school. Giving back to the community provides students with valuable life lessons.

### ***THE STARFISH STORY***

*Early one morning a young girl was walking on the beach when she noticed thousands of stranded starfish. To save them she began tossing them, one at a time, back into the ocean. When a passerby told her she couldn't possibly save all the starfish, she tossed one into the ocean and replied, "Well, I made a difference to that one." Inspired by the little girl, others came to help. Together, they made a difference.*

If you would like to pay it forward by providing service to your school, please contact your school counselor.



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### KALEIDOSCOPE ACADEMY GRANT APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

What are you requesting funds for?

How will this benefit you as a student?

What is the total cost? \_\_\_\_\_ Amount family is able to contribute? \_\_\_\_\_

Amount requested? \_\_\_\_\_

*Please note that Project Starfish will not give money directly to students. Items will be purchased for the student or fees will be paid on behalf of the student.*

Would you like to pay it forward with service at your school? (circle area of interest below or write in your own idea)

- LMC
- Lunch room
- Art project
- Yardwork
- School dance

- Office
- Sports event
- Bulletin boards
- Music program
- Other: \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Counselor signature \_\_\_\_\_ Amt. Approved \$ \_\_\_\_\_

Transfer requested