



**The Office of Overseas Schools (A/OPR/OS)  
GRANT APPLICATION FOR ASSISTED  
OVERSEAS SCHOOLS**

**SCHOOL APPLICATION NUMBER:** SCH0004081

**STATUS:** Draft

**SCHOOL NAME:**

**DATE SUBMITTED:**

**POST COUNTRY:**

**OVERSEAS SCHOOLS REGION:**

**POST:**

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**SCHOOL INFORMATION**

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**SCHOOL LEGAL NAME:**

**SCHOOL EMAIL:**

**SCHOOL LOCAL PHONE:**

**SCHOOL U.S. PHONE:**

**SCHOOL STREET:**

**SCHOOL ZIP CODE:**

**SCHOOL CITY:**

**SCHOOL COUNTRY:**

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**SCHOOL PERSONNEL**

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**PERSON PREPARING REPORT:**

**TITLE OF PERSON PREPARING REPORT:**

**HEAD OF SCHOOL/SUPERINTENDENT NAME:**

**HEAD OF SCHOOL/SUPERINTENDENT TITLE:**

**HEAD OF SCHOOL/SUPERINTENDENT PERSONAL  
EMAIL:**

**HEAD OF SCHOOL/SUPERINTENDENT PHONE:**

**HEAD OF SCHOOL/SUPERINTENDENT  
PROFESSIONAL EMAIL:**

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## **GRADE STRUCTURE**

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**GRADES OFFERED:**

**PRE-KINDERGARTEN:**

**ELEMENTARY:**

**DOES YOUR SCHOOL HAVE A PRIMARY SCHOOL LEVEL?:**

**MIDDLE SCHOOL:**

**HIGH SCHOOL:**

**OTHER GRADE STRUCTURE NAMES:**

**ONLINE COURSES OFFERED:**

**BOARDING FACILITIES:**

**BOARDING FACILITIES DESCRIPTION:**

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## **ACADEMIC CALENDAR**

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**TOTAL DAYS OF INSTRUCTION:**

**CALENDAR HEMISPHERE ALIGNMENT:**

**ACADEMIC CALENDAR STRUCTURE:**

There are no Academic Calendar records.

There are no Documents attached for the School's Academic Calendar.

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## **ACCREDITATION**

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**ACCREDITED BY AN AMERICAN AGENCY:**

**STEPS TAKEN TOWARD AN AMERICAN AGENCY ACCREDITATION:**

**ACCREDITED BY:**

**ACCREDITATION APPROVED ON:**

**ACCREDITATION RENEWAL DATE:**

**LICENSED OR AUTHORIZED BY LOCAL AUTHORITIES:**

**LICENSE OR AUTHORIZATION APPROVED BY:**

**NATURE OF APPROVAL:**

**APPROVAL DESCRIPTION:**

**DATE OF MOST RECENTLY UPDATED SCHOOL CHARTER AND BY-LAWS:**

There are no Documents attached for the most recent Charter and By-laws.

There are no Documents attached for the Child Protection Policy.

## **GOVERNING BOARD OF THE SCHOOL**

**OFFICIAL NAME OF GOVERNING BOARD:**

**HOW LONG IS THE TERM OF OFFICE FOR A  
BOARD MEMBER?:**

**TITLE OF GOVERNING BOARD MEMBERS:**

**REPRESENTATIVE OF THE U.S. AMBASSADOR ON  
THE BOARD?:**

List the number of members on the Board from each employment sector. If the Board Member is a dependent with no work affiliation in their own right, please use 'Other' from each employment sector.

**U.S GOVERNMENT - U.S.:**

**U.S. GOVERNMENT - THIRD  
COUNTRY:**

**U.S. GOVERNMENT - HOST  
COUNTRY:**

**CORPORATE - U.S.:**

**CORPORATE - THIRD  
COUNTRY:**

**CORPORATE - HOST COUNTRY:**

**NON-PROFIT ORGANIZATION -  
U.S.:**

**NON-PROFIT ORGANIZATION -  
THIRD COUNTRY:**

**NON-PROFIT ORGANIZATION -  
HOST COUNTRY:**

**OTHER - U.S.:**

**OTHER - THIRD COUNTRY:**

**OTHER - HOST COUNTRY:**

**TOTAL NUMBER OF BOARD MEMBERS:**

**NUMBER OF ELECTED BOARD MEMBERS:**

**NUMBER OF APPOINTED BOARD MEMBERS:**

**COMPOSITION OF THE STUDENT BODY**

Provide Number of Students enrolled in each education level by citizenship as of October 1.

<b>U.S. STUDENTS IN PRE-K:</b>	<b>THIRD COUNTRY STUDENTS IN PRE-K:</b>	<b>HOST COUNTRY STUDENTS IN PRE-K:</b>
<b>U.S. STUDENTS IN ELEMENTARY:</b>	<b>THIRD COUNTRY STUDENTS IN ELEMENTARY:</b>	<b>HOST COUNTRY STUDENTS IN ELEMENTARY:</b>
<b>U.S. STUDENTS IN MIDDLE SCHOOL:</b>	<b>THIRD COUNTRY STUDENTS IN MIDDLE SCHOOL:</b>	<b>HOST COUNTRY STUDENTS IN MIDDLE SCHOOL:</b>
<b>U.S. STUDENTS IN HIGH SCHOOL:</b>	<b>THIRD COUNTRY STUDENTS IN HIGH SCHOOL:</b>	<b>HOST COUNTRY STUDENTS IN HIGH SCHOOL:</b>
<b>TOTAL U.S. STUDENTS:</b>	<b>TOTAL THIRD COUNTRY STUDENTS:</b>	<b>TOTAL HOST COUNTRY STUDENTS:</b>

**TOTAL OF STUDENTS ENROLLED:**

**PRE-KINDERGARTEN ENROLLMENT:**

**MIDDLE SCHOOL ENROLLMENT:**

**ELEMENTARY ENROLLMENT:**

**HIGH SCHOOL ENROLLMENT:**

**TOTAL U.S. GOVERNMENT EMPLOYEES' STUDENTS ENROLLED:**

Provide the list of the top 10 nationalities represented by Students and the number of students from each country.

<b>Rank</b>	<b>Nationality Represented</b>	<b>Number of People</b>
1		
2		

<b>Rank</b>	<b>Nationality Represented</b>	<b>Number of People</b>
3		
4		
5		
6		
7		
8		
9		
10		

**FACULTY AND STAFF**

Provide Number of Administrative Staff as of October 1.

**PRINCIPALS:**

**SPECIAL NEEDS  
COORDINATORS:**

**CURRICULUM  
COORDINATORS:**

**ASSISTANT PRINCIPALS:**

**ATHLETIC DIRECTORS:**

**ADMISSIONS DIRECTORS:**

**ADVANCEMENT DIRECTORS:**

**OPERATIONS:**

**ADMINISTRATIVE STAFF**

**TOTAL:**

Provide Number of Faculty as of October 1. Do not include Administrative Staff.

**CLASSROOM TEACHERS:**

**TEACHER'S AIDES:**

**SPECIAL NEEDS:**

**SCHOOL COUNSELORS:**

**COLLEGE COUNSELORS:**

**LIBRARIANS:**

**INSTRUCTIONAL  
TECHNOLOGY/MAKER  
SPACE/DESIGN CENTER:**

**FACULTY TOTAL:**

Provide Number of Faculty who have been hired locally versus recruited from overseas by citizenship as of October 1.

**UNITED STATES CITIZENS  
OVERSEAS HIRES:**

**THIRD COUNTRY NATIONALS  
OVERSEAS HIRES:**

**HOST COUNTRY NATIONALS  
OVERSEAS HIRES:**

**UNITED STATES CITIZENS  
LOCAL HIRES:**

**THIRD COUNTRY NATIONALS  
LOCAL HIRES:**

**HOST COUNTRY NATIONALS  
LOCAL HIRES:**

**TOTAL U.S. CITIZENS ON  
FACULTY:**

**TOTAL THIRD COUNTRY  
NATIONALS ON FACULTY:**

**TOTAL HOST COUNTRY  
NATIONALS ON FACULTY:**

Provide the list of the top 5 nationalities represented by Administrative Staff and the number of administrators from each country.

<b>Rank</b>	<b>Nationality Represented</b>	<b>Number of People</b>
1		
2		
3		
4		
5		

Provide the list of the top 5 nationalities represented by Faculty and the number of faculty from each country.

<b>Rank</b>	<b>Nationality Represented</b>	<b>Number of People</b>
1		
2		
3		
4		

Rank	Nationality Represented	Number of People
5		

Provide number of Administrators and Faculty members who were trained in the United States.

**TEACHERS TRAINED IN THE U.S.:**

**ADMINISTRATORS TRAINED IN THE U.S.:**

Provide number of teachers by highest education level achieved.

**BACHELOR'S DEGREE (BA OR BS):**

**MASTER'S DEGREE (MA OR MS):**

**DOCTORATE (PHD):**

Provide the salary range for teachers in \$(USD) equivalent.

**LOWEST SALARY:** \$(USD)0.00

**HIGHEST SALARY:** \$(USD)0.00

**AVERAGE SALARY:** \$(USD)0.00

Provide average Salary Step increases for Bachelor's and Master's Degree holders. A salary step is an increase in salary based on previous qualifying professional experience.

**SALARY STEP FOR BACHELOR'S DEGREE HOLDER +2 YEARS EXPERIENCE:** \$(USD)0.00

**SALARY STEP FOR MASTER'S DEGREE HOLDER +5 YEARS EXPERIENCE:** \$(USD)0.00

**SCHOOL FINANCES**

Provide tuition information for the current fiscal year in \$(USD) equivalent.

**PRE-KINDERGARTEN TUITION:** \$(USD)0.00

**ELEMENTARY TUITION:** \$(USD)0.00

**MIDDLE SCHOOL TUITION:** \$(USD)0.00

**HIGH SCHOOL TUITION:** \$(USD)0.00

**BOARDING FEE:** \$(USD)0.00

**MAY TUITION BE PAID IN U.S DOLLARS?:**

**DOES THE SCHOOL ASSESS A CAPITAL LEVY FEE?:**

**ANNUAL CAPITAL LEVY FEE:** \$(USD)0.00

**ONE TIME CAPITAL LEVY FEE:** \$(USD)0.00

**OTHER FEES:**

There are no documents attached for Schedule of Fees.

**PROJECTED REVENUE:** \$(USD)0.00

**PROJECTED EXPENDITURES:** \$(USD)0.00

**PROJECTED BUDGET BALANCE:** \$(USD)0.00

**CONTINGENCY FUNDS:** \$(USD)0.00

**EMERGENCY OPERATIONAL RESERVE:** \$(USD)0.00

**CAPITAL RESERVE:** \$(USD)0.00

**OTHER RESERVE FUNDS:** \$(USD)0.00

There are no documents attached for Budget Summary.

**AFFILIATED COMPANIES**

Provide information of the top 10 U.S. Affiliated Business Firms which employ parents of enrolled students.

<b>Rank</b>	<b>Parent Company</b>	<b>Local Affiliate</b>	<b>Number of U.S. Citizen Students</b>	<b>Number of Host Country National Students</b>	<b>Number of Third Country National Students</b>
1					
2					
3					
4					
5					
6					



<b>Rank</b>	<b>Parent Company</b>	<b>Local Affiliate</b>	<b>Number of U.S. Citizen Students</b>	<b>Number of Host Country National Students</b>	<b>Number of Third Country National Students</b>
7					
8					
9					
10					

**REQUEST FOR GRANT ASSISTANCE**

The Request for Grant Assistance section should be prepared by the chief administrative official of the school in consultation with the school board. In order to provide proper information on this form, please note that funds being requested in November of any given year are from current U.S. Government Fiscal Year funds. If granted, the funds would be spent by the school during the next school year. NOTE: The fields in this section allow a maximum of 4000 characters. Please do not type or paste special characters into these fields, including accented characters(ex: Ç, ñ, etc.), symbols in Word (ex: •, –, etc.), or any other non-alphanumeric or non-punctuation characters (ex: "tab", etc.).

**FISCAL YEAR:** 2025

Section I. SCHOOL NARRATIVE - A summary statement describing the extent to which the school now meets the seven categories of the overseas schools program and how the school demonstrates U.S. education excellence abroad.

**SCHOOL NARRATIVE:**

Section II. SCHOOL OBJECTIVES - A brief general statement of the school’s long-range strategic objectives and development plans for continuous involvement and innovation.

**STRATEGIC OBJECTIVES:**

Section III. TYPES AND ESTIMATED COST OF NEW ASSISTANCE REQUESTED - The table below should be used to summarize the types and estimated costs in dollars of new assistance requested by the school according to the seven categories shown. Include the US dollar equivalent of all costs (which can be expended in local currency) in the Requested Amount field.

Section IV. THE JUSTIFICATION - In the Justification field, describe the essential details (number, quantities, types, duration, etc.) of the project to be financed under each of the categories of assistance listed in the table below and state how each item of requested assistance fits into the school’s development plans and advances the objectives of the overseas schools program. In the Anticipated Impact field, provide a brief reference to any previous grants made for the same purpose and to future grants which may be requested for the same purpose. Following the discussion of each item of requested assistance, use the Priority field to designate the rating it should be accorded in terms of the school’s development program by designating it Priority 1 - 7, with 1 being the highest and 7 the lowest.

Provide requested amounts for each Assistance Type in \$(USD) equivalent. Please note: the information provided in this section should reflect your best estimate of the next school year, the year for which assistance is being requested. This should not repeat information concerning the current school year.

<b>Assistance Type</b>	<b>Requested Amount</b>	<b>Justification</b>	<b>Anticipated Impact</b>
Special Needs Program Expansion	\$(USD)0.00		
Social Emotional Well-Being/Child Protection	\$(USD)0.00		
Leadership Development and School Governance	\$(USD)0.00		
Salaries for U. S. Citizen Professional Staff	\$(USD)0.00		
Professional Development	\$(USD)0.00		
Gifted and Talented Education Programs	\$(USD)0.00		
Special Projects and Innovation	\$(USD)0.00		

**PROGRAM SURVEY**

**CURRICULUM PROGRAMS:**

**LANGUAGES:**

**OTHER LANGUAGES OFFERED:**

**EXTERNAL ASSESSMENTS:**

**OTHER EXTERNAL ASSESSMENTS OFFERED:**

**SPECIAL NEEDS SURVEY**

**DOES THE SCHOOL OFFER A PROGRAM AND/OR SERVICES FOR CHILDREN WITH SPECIAL NEEDS?:**

**DOES THE SCHOOL ADMIT AND PROVIDE SUPPORT FOR SPECIAL NEEDS PRESCHOOL STUDENTS?:**

**SCHOOL'S ADMISSION CRITERIA:**

**IN GENERAL, THE SCHOOL CAN SUPPORT STUDENTS WHOSE LEARNING SUPPORT NEEDS ARE:**

**THE SCHOOL HAS THE EXPERTISE AND CAPABILITY TO SERVE THE FOLLOWING DISABILITIES:**

**DOES THE SCHOOL PROVIDE AN IEP, ILP, OR SSP?:**

**SPECIAL NEEDS SUPPORT SERVICES:**

**PUSH IN FOR LEARNING SUPPORT TEACHER:**

**PUSH OUT FOR LEARNING SUPPORT TEACHER:**

**MAXIMUM PUSH IN HOURS PER WEEK PER STUDENT:**

**MAXIMUM PUSH OUT HOURS PER WEEK PER STUDENT:**

**SELF-CONTAINED CLASSROOMS:**

Indicate number of staff available. Provide information in decimals for staff who work part-time in general or at a particular level. Ex: If one Nurse covers all grades, it should be listed as Elementary - 0.33, Middle School - 0.33, and High School - 0.34.

<b>Staff</b>	<b>Elementary</b>	<b>Middle School</b>	<b>High School</b>	<b>Total</b>
Special Needs Teacher				
ESL Teacher				
School Counselor				
Psychologist				
Social Worker				

<b>Staff</b>	<b>Elementary</b>	<b>Middle School</b>	<b>High School</b>	<b>Total</b>
Nurse				
Special Needs Coordinator				

Select all additional support services available in English

**SUPPORT SERVICES PROVIDED BY THE SCHOOL:**

**OTHER SUPPORT SERVICES PROVIDED AT THE SCHOOL:**

**SUPPORT SERVICES PROVIDED IN THE COMMUNITY:**

Select all Literacy or Mathematics support available for students

**LITERACY OR MATHEMATICS SUPPORT PROVIDED BY THE SCHOOL:**

**LITERACY OR MATHEMATICS SUPPORT PROVIDED AT THE SCHOOL OR IN THE COMMUNITY:**

**SPECIALIZED SUPPORT SERVICES:**

**SPECIAL NEEDS WEBSITE WHERE SPECIAL NEEDS INFORMATION IS PUBLISHED::**

**NUMBER OF USG STUDENTS RECEIVING LEARNING SUPPORT:**

## **SIGNATURES**

The person preparing this application, the chief administrative official of the school and the chairman of the school’s governing board should sign the request in the respective fields below the table.

**PERSON PREPARING REPORT SIGNATURE:**

**PERSON PREPARING REPORT SIGNED DATE:**

**HEAD OF SCHOOL SIGNATURE:**

**HEAD OF SCHOOL SIGNED DATE:**

**BOARD CHAIR SIGNATURE:**

**BOARD CHAIR SIGNED DATE:**

## **POST RECOMMENDATION**

Section V. POST RECOMMENDATION - Pursuant to 2 FAM 613 and 622, the principal officer responsible for coordinating school activities at the Foreign Service Post should ensure that the request for assistance is

carefully reviewed in light of the policies and criteria for granting assistance set forth in 2 FAM 600 and is justifiable in terms of these policies and criteria. The appropriate officer should prepare and sign the recommendation at the place indicated. No request for assistance will be considered unless this section is properly completed.

**POST RECOMMENDATION:**

**SIGNED BY:**

**SIGNED DATE:**