

2016 – 17 School Program Application



Special Olympics
Unified Champion Schools

This application is a formal expression of your school's commitment to inclusion, acceptance and respect of all students through the implementation of the Unified Schools Strategy. By completing and agreeing to the terms set forth in this Kentucky Unified Champion Schools Application you are formally sharing your school's intent to:

- become eligible to request Unified Champion School Grant funding assistance.
- become eligible by meeting specific standards for Kentucky and/or National Unified Champion Schools Recognition Program.

Please complete the entire form and return to:

Special Olympics Kentucky
Attn: Justin Harville
105 Lakeview Ct.
Frankfort, KY 40601
Fax: 502-695-0496

You may also email or fax it to:

jharville@soky.org

502-695-0496

Questions? Please contact: Justin Harville: jharville@soky.org or 502-695-8222

Part 1: Contact Information

School Name:	District	
School Unified Liaison:	School Enrollment #:	
School Administrator:		
School Address:		
City:	Zip:	County:
Email:	School Phone:	

Program Level: (Please complete separate form for each school if registering as a district)

- Preschool
 Elementary School
 Middle School
 High School

Part 2: Program Status

Please indicate number of participating school years: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Part 3: Projected Participation / School Impact Numbers

ANTICIPATED NUMBER OF PARTICIPANTS						
	Student Participation			Student Activity		
	Elementary	Middle	High	Unified Sports	Leadership Role / Club	Whole School
Athlete (Special Education)						
Partner (General Education)						
Other Students Impacted						
Total Number of Coaches:	Male:			Female:		



Part 4: Project Information

Of the ideas/examples listed below what initiatives do you see implementing at your school?
(These are just ideas if you have another idea please choose other and describe)

<input type="checkbox"/>	Unified Club	<input type="checkbox"/>	Spread the Word to End the Word (March)	<input type="checkbox"/>	Disability Awareness Activities
<input type="checkbox"/>	Fans in the Stands	<input type="checkbox"/>	Unified Sports P.E. Curriculum	<input type="checkbox"/>	Young Athletes (2-7 years of age)
<input type="checkbox"/>	Unified Sports through the KHSAA	<input type="checkbox"/>	Unified Sports Expo Game / Field Day	<input type="checkbox"/>	SO Get Into Curriculum
<input type="checkbox"/>	Other:				

Check the sports your school will participate in:

<input type="checkbox"/>	Unified Track and Field through the KHSAA	<input type="checkbox"/>	Unified Bowling through the KHSAA	<input type="checkbox"/>	Unified Soccer
<input type="checkbox"/>	Unified Flag Football	<input type="checkbox"/>	Unified Volleyball	<input type="checkbox"/>	Unified Strength and Conditioning
<input type="checkbox"/>	Unified Bocce	<input type="checkbox"/>	Unified Cheerleading	<input type="checkbox"/>	Unified Recreation / P.E.
<input type="checkbox"/>	Unified Basketball	<input type="checkbox"/>	Other:		

Project Summary

Please provide a brief summary of your project activities and how you will become a Unified Champion School. (HINT: Tell us what you're excited about and any fun things you have planned!)

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Part 4: Project Information Cont.

Do you plan to have a Unified Youth Leadership Committee/Club? Yes No

If yes, please list the Club Advisor's name and information if it is different than the School Unified Liaison listed above.

Advisor's Name:

Phone:

Email:

Number of Club/Committee Members:

How will your committee/club be organized and when will they meet? For example, through a Partners Club, subcommittee through student council, or any other affiliation with an existing club.

Part 5: Amount of Funding Support Requested:

\$ _____

Please provide a breakdown of how these funds are planned to be used: Final grant awards (up to \$1500) will be based on the number of requests received.

(examples: Transportation, uniforms, sport equipment, Referee Fees etc.)

Part 4: Agreement

- I certify that the information provided on this registration form is correct.
- I understand that I need to contact Special Olympics Kentucky whenever I need to make any changes to the information I am providing to this application.
- I understand that the students participating in KHSAA Unified Sports must pass a sport physical.
- I understand that I will be asked to complete a mid-term and end of year report providing confirmed participation numbers and events.

School Unified Liaison: **X.**

Date:

School Administrator: **X.**

Date: