## UNITED STATES ACADEMIC DECATHLON 2024-2025 NEW SCHOOL GRANT FORM ISSUED THROUGH [JS.]

Our school is requesting to be considered for a New School Grant, issued through the Academic Decathlon.

The 'grant kit' includes the following necessary curriculum materials issued in Electronic Download format only.

- ♦ Coaches Handbook
- ♦ Curriculum Package:
  - ✓ Study Guide
  - ✓ Art Reproduction Booklet
  - ✓ Art Resource Guide
  - ✓ Economics Resource Guide
  - ✓ Literature Resource Guide

- Mathematics Resource Guide
- ✓ Science Resource Guide
- ✓ Social Science Resource Guide
- ✓ Music Resource Guide
- ✓ Practice Test Booklet w/ MP3

**Note:** This year's novel is: *Solar Storms* by Linda Hogan, published by Scribner; Edition Unstated. The ISBN-10 is 0684825392, and is not included in the grant package. The book may be in your school library or may be purchased from USAD between \$8.50 (>10) and \$9 (<10) per novel plus shipping costs.

Please respond to the following questions with a yes/no answer.			oplication completed: _		
1. Is the State Academic Decathlon organization waiving its fee for the school to participate?					☐ No
2. Has the school officially registered with the state of participation?				Yes	☐ No
3. Has the school assigned a teacher/coach to the Decathlon team?				Yes	☐ No
By signing this agreement, our school Decathlon in the past seven years.	ol certifies that we are a	new school or a retu	urning school that has n	ot particip	ated in the
We hereby certify that our school is	formally registered for t	the 2024-2025 Unite	d States Academic Dec	athlon cur	riculum year.
Please return completed form to your state director who will forward to USAD for processing.					
Name of School:					
School Address:Street		City	State	Zip	
School Phone:			_ School District:		
Type of School: Public Private	Charter Other	(explain)			
Grades Served (Mark all that apply):					
Coach: School Principal:					
Coach's Phone: Coach's Email:					
Coach Signature (required): Principal Signature (required):					
State Director Name: State Director Signature (required):					
	USAD ADMINISTR	ATION BELOW T	HIS LINE		

FORMS WILL NOT BE ACCEPTED IF ALTERED IN ANYWAY.

