united states academic pentathlon 2024-2025 new school grant form issued through US

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

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

| • | Curricu | lum | Pac. | kage |
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- ✓ Art Reproductions Booklet
- ✓ Fine Arts Resource Guide
- ✓ Literature Resource Guide
- ✓ Mathematics Resource Guide

- Science Resource Guide
- ✓ Social Science Resource Guide
- ✓ Selected Musical Works List

Note: This year's novel is: *Melt* by Ele Fountain, ISBN-13: 978-1782692881 and is not included in the grant package. The book may be in your school library or may be purchased from a retailer such as Amazon or Barnes and Noble.

Please respond to the following questions with a yes/no answer.

Date application completed:

1. Is the state Academic Pentathlon organization waiving its fee for the school toparticipate?

1. Is the state Academic Pentathlon organization waiving its fee for the school toparticipate? ☐ Yes ☐ No

2. Has the school officially registered with the state of participation? ☐ Yes ☐ No

3. Has the school assigned a teacher/coach to the Pentathlon team? ☐ Yes ☐ No

By signing this agreement, our school certifies that we are a new school or a returning school that has not participated in the Pentathlon in the past five years.

We hereby certify that our school is formally registering for the 2024-2025 United States Academic Pentathlon curriculum year.

Please return completed form to your state director who will forward to USAP for processing.

| Name of School: | | | | | | | | |
|---|--------|----------------|------------------|-----|--|--|--|--|
| School Address: | Street | City | State | Zip | | | | |
| C.I. I.DI | | • | | • | | | | |
| School Phone: | | County: | School District: | | | | | |
| Type of School: Public Charter Other (explain) | | | | | | | | |
| Grades Served (Mark all that apply): $\Box 6^{th} \Box 7^{th} \Box 8^{th}$ School Enrollment (Equal to marked boxes): | | | | | | | | |
| Coach: | | School Princip | al: | | | | | |
| Coach's Phone: | | Coach's Email: | | | | | | |
| Coach Signature (required): | | | | | | | | |
| Principal Signature (required): | | | | | | | | |
| State Director Signature (if applicable) | | | | | | | | |
| | | Date Received: | | | | | | |

Form will not be accepted if altered in any way.