

**Teaching Materials Grants 2025**

**Form A (Application Form)**

This is a restricted Word document. Please type your responses.

Establishing New Program  Expanding Existing Program

**Details of applicant (Institution)**

|  |  |
| --- | --- |
| School name |  |
| Postal address |  |
| Suburb |  |
| State / Territory |  |
| Postcode |  |
| Principal’s title |  |
| Principal’s name |  |
| Phone |  |
| Sector | Government  Catholic  Independent |
| Level | Primary  Junior secondary  Senior secondary |

**Details of authorised official (teacher in charge of application)**

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Position |  |
| Work email |  |
| Mobile |  |

**Japanese program details**

|  |  |
| --- | --- |
| Number of students at the school |  |
| Number of students taking Japanese |  |
| Number of Japanese classes |  |
| Total hours of Japanese taught in a week |  |

Has the school applied for a grant from The Japan Foundation, Sydney in the past?

If so, provide details below (including which grants and when).

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Introduce your school and its community (max. 100 words).

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|  |

Describe your Japanese language education program, including its current and future goals (max. 100 words).

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|  |

Explain how you intend to use the requested materials provide by this grant in your program. (max. 140 words).

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|  |

Total amount for your application.

|  |
| --- |
| AU$ |

**Application checklist**

I have chosen the correct grant.

I understand and agree to the conditions outlined in the Application Guidelines.

I have made a copy of all application documents for my own records.

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorised Official**  **(Teacher in charge of application)** | | **School Representative**  **(e.g. Principal, Head of Department)** | |
| Title |  | Title |  |
| Name |  | Name |  |
| School name |  | School name |  |
| Position |  | Position |  |
| Signature |  | Signature |  |
| Date |  | Date |  |

Note: This cannot be the same person to sign both unless authorised official is principal.