

# Verizon Innovative Learning Schools (VILS) Connect Application

Public school districts and charter networks are invited to apply for the Verizon Innovation Learning Schools Connect initiative to receive hotspots and data plans for students who need access to the Internet, as well as professional learning for teachers.

Before applying, please be sure to meet the following criteria:

- Application includes 2-12 middle or high schools in a single district or network
- Schools already have 1:1 device programs for students, with devices going home with students
- Schools have a way to document student need for Internet access out of school
- Schools are able to identify a VILS Liaison (ideally an instructional coach) and an Information Technology (IT) specialist to support the initiative
- Teachers are able to participate in asynchronous VILS professional learning virtually each semester, with at least 30% submitting for micro-credentials

If there are any questions or issues regarding the application, please contact [vilsconnect@digitalpromise.org](mailto:vilsconnect@digitalpromise.org)

Your Name (First, Last) \*

Your Email (example@example.com) \*

Your Role \*

- I am a district employee completing the initial application for my school district.
- I am a school principal completing the school application components.

School District Name \*

School District City \*

School District State \*

As the person completing this application, please verify your understanding of the VILS Connect program. \*

- Yes, I read & understood the VILS Connect components & application requirements at this link: [bit.ly/VILSConnect](http://bit.ly/VILSConnect).

# District Application

Verizon Innovative Learning Schools Connect Program

District Lead for VILS Connect (First Name, Last Name)\*

District Lead Email (example@example.com)\*

District Lead Job Title \*

District IT Lead for VILS Connect (First Name, Last Name)\*

District IT Lead Email (example@example.com)\*

District IT Lead Job Title \*

District Superintendent (First Name, Last Name)\*

District Superintendent Email (example@example.com)\*

Please describe why your district & the schools selected for this application would be strong candidates for the VILS Connect program. \*

How many schools are you submitting for the VILS Connect program? (2-12 schools allowed)\*

Please confirm that all schools on the VILS Connect application have a 1:1 device program in which devices go home with students. \*

- Yes, all schools on the application have a 1:1 device program.
- No, we do not have a 1:1 device program for all schools on the application.

**Schools that do not have a 1:1 device program in which devices go home with students are not eligible for our program.**

Describe your district 1:1 device program, including any existing solutions for home Internet access & filtering. \*

What year did the district's 1:1 program begin? \*

Describe the current system used by the district to identify & confirm which students lack access to high-speed Internet at home. Include what evidence the district will be able to share with the VILS team to validate documented needs. \*

Does your district IT department have experience with off-site Internet filtering? If yes, please describe what system is currently in use: \*

There may be an opportunity for VILS Connect to cover the cost of filtering hotspots. Is your district interested in the VILS provided filter? \*

- Yes
- No

Describe your current system for filtering existing devices and/or hotspots. State or include a link to any district policies on acceptable use. \*

Will the district track & maintain an inventory of the hotspots provided through the VILS Connect program? \*

- Yes
- No

Describe the current district inventory & tracking system below: (Describe policies, procedures and practices that ensure security of property)\*

Will the district be able to repair or replace any lost or stolen hotspots without families incurring the full cost? \*

- Yes
- No

**Districts who cannot support the replacement of devices are not eligible for our program.**

How will the district approach the repair or replacement of hotspots? \*

Are there any possible hindrances or challenges to the district's full participation in the VILS Connect program? \*

What are your concerns about implementation of the VILS Connect program? \*

# District Application: Identification of Schools

Verizon Innovative Learning Schools Connect Program

## School #1

School #1 Name \*

School #1 Principal/Leader Name: (First Name, Last Name)\*

School #1 Principal/Leader Email: (example@example.com)\*

What percentage of students at this school qualify to receive Free & Reduced Lunch? \*

Which of the following grade levels are included in this school? Select all that apply. \*

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

## School #2

School #2 Name \*

School #2 Principal/Leader Name: (First Name, Last Name)\*

School #2 Principal/Leader Email: (example@example.com)\*

What percentage of students at this school qualify to receive Free & Reduced Lunch? \*

Which of the following grade levels are included in this school? Select all that apply. \*

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

### **School #3**

School #3 Name

School #3 Principal/Leader Name: (First Name, Last Name)

School #3 Principal/Leader Email: (example@example.com)

What percentage of students at this school qualify to receive Free & Reduced Lunch?

Which of the following grade levels are included in this school? Select all that apply.

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

### **School #4**

School #4 Name

School #4 Principal/Leader Name: (First Name, Last Name)

School #4 Principal/Leader Email: (example@example.com)

What percentage of students at this school qualify to receive Free & Reduced Lunch?

Which of the following grade levels are included in this school? Select all that apply.

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

## School #5

School #5 Name

School #5 Principal/Leader Name: (First Name, Last Name)

School #5 Principal/Leader Email: (example@example.com)

What percentage of students at this school qualify to receive Free & Reduced Lunch?

Which of the following grade levels are included in this school? Select all that apply.

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

## School #6

School #6 Name

School #6 Principal/Leader Name: (First Name, Last Name)

School #6 Principal/Leader Email: (example@example.com)

What percentage of students at this school qualify to receive Free & Reduced Lunch?

Which of the following grade levels are included in this school? Select all that apply.

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

## School #7

School #7 Name

School #7 Principal/Leader Name: (First Name, Last Name)

School #7 Principal/Leader Email: (example@example.com)

What percentage of students at this school qualify to receive Free & Reduced Lunch?

Which of the following grade levels are included in this school? Select all that apply.

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

## School #8

School #8 Name

School #8 Principal/Leader Name: (First Name, Last Name)

School #8 Principal/Leader Email: (example@example.com)

What percentage of students at this school qualify to receive Free & Reduced Lunch?

Which of the following grade levels are included in this school? Select all that apply.

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

## School #9

School #9 Name

School #9 Principal/Leader Name: (First Name, Last Name)

School #9 Principal/Leader Email: (example@example.com)

What percentage of students at this school qualify to receive Free & Reduced Lunch?

Which of the following grade levels are included in this school? Select all that apply.

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

## School #10

School #10 Name

School #10 Principal/Leader Name: (First Name, Last Name)

School #10 Principal/Leader Email: (example@example.com)

What percentage of students at this school qualify to receive Free & Reduced Lunch?

Which of the following grade levels are included in this school? Select all that apply.

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12



## School #11

School #11 Name

School #11 Principal/Leader Name: (First Name, Last Name)

School #11 Principal/Leader Email: (example@example.com)

What percentage of students at this school qualify to receive Free & Reduced Lunch?

Which of the following grade levels are included in this school? Select all that apply.

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

## School #12

School #12 Name

School #12 Principal/Leader Name: (First Name, Last Name)

School #12 Principal/Leader Email: (example@example.com)

What percentage of students at this school qualify to receive Free & Reduced Lunch?

Which of the following grade levels are included in this school? Select all that apply.

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

# Verizon Innovative Learning Schools (VILS) Connect School Application

Principal/School Leader Name (First Name, Last Name) \*

Principal/School Leader Email (example@example.com)\*

Name of School \*

Each school must designate an individual to serve as VILS Liaison. Please click [here](#) to read about this role before completing this portion of the application.

VILS Liaison Name \*

VILS Liaison Current Job Title \*

VILS Liaison Email: (example@example.com) \*

What is the current role of the VILS Liaison? Select all that apply. \*

- Instructional Technology / Digital Learning Coach
- Part-time Instructional Technology / Digital Learning Coach
- District Instructional Technology / Digital Learning Coach
- Other school-based coach
- Teacher Leader
- Other (type here)

What specific experience and expertise does the VILS Liaison possess that would make them a good fit for this role? \*

School Information Technology (IT) Point of Contact: \*

School IT Email: (example@example.com) \*

School IT Job Title \*

Please describe why your school would be a strong candidate for the VILS Connect program. \*

Which of the following grade levels are included in this school? Select all that apply. \*

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

What year did the school's 1:1 program begin? \*

What type of school-provided device(s) do your students use as part of the 1:1 program? \*

- Chromebook
- Windows Laptop
- MacBook
- Microsoft Surface Laptop
- iPad
- Android Tablet
- Other

What percentage of students at this school qualify to receive Free & Reduced Lunch? \*

Please enter the following demographic data about your students in participating grades (5-12):\*

	English Language Learners	White	African-American	Asian/Pacific Islander	American Indian/Alaskan	Hispanic	2+ Races
% of Students							

How many certified teachers are employed in your school for the 2020-2021 school year? \*

What is the current enrollment number of middle (5-8) and/or high school (9-12) students for the 2020-2021 school year? \*

Describe the current system used by the school to identify & confirm which students lack access to high-speed Internet at home. \*

Based upon this system, how many middle & high school students are identified as NOT having access to high-speed Internet at home? \*

As part of the VILS Connect program, we require documentation of demonstrated need for internet access at home. Please upload a screenshot or image of your school's documented need with student privacy in mind.\*

Student Information System, Surveys, etc. Omit any identifiable student information in this evidence.

# Professional Learning

As part of the VILS Connect program, all teachers at a participating school will have access to VILS professional learning opportunities. 30% of teachers each semester are required to submit for a VILS micro-credential through the VILS virtual professional learning. For information regarding micro-credentials, please see [here](#).

Will the school commit to have at least 30% of teachers submit for a micro-credential each semester? \*

- Yes
- No

Please describe the school's formal and informal professional learning practices/models. (Please include professional learning and/or PLC frequency, instructional models, etc.) \*

Are there any possible hindrances or challenges to the school's full participation in the VILS Connect program?\*

What are your concerns about implementation of the VILS Connect program?\*