Teacher Grant Application

Amount Requested: __________________________

Application Date: _________________________

School: ________________________________

Applicant(s): ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Anticipated number of students participating: ________

Grade Level(s): __________________________

Project Title: ________________________________

Briefly describe the project/program, the teaching methods to be used, and explain the need for the project/program. Attach any explanatory literature:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Explain how this project/program correlates with school district curriculum and goals:

________________________________________________________________________

________________________________________________________________________

What is/are the major objectives of this project/program:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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How will you determine whether your objectives have been achieved and whether your project/program is successful?

Project implementation timeline:

Detailed budget including shipping & other misc. charges (if technology is purchased, explain what current technology you have that will be used with what is purchased):

Applicant(s) Signatures(s):

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Principal’s Signature: ___________________ Date: ________________

Note: If this grant includes the purchase of hardware, software or other technology, you must have the Technology Information Coordinator review the application and sign:

Signed: ___________________ Date: ________________

Technology Information Coordinator

Please note that your application will not be considered without the proper signatures. Return completed form to the Benjamin Foundation, District 25 Administration Building.

Application due Friday, March 10th

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