

## Teacher Grant Application

Amount Requested: \_\_\_\_\_

Application Date: \_\_\_\_\_

School: \_\_\_\_\_

Applicant(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated number of students participating: \_\_\_\_\_

Grade Level(s): \_\_\_\_\_

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**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:

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**