Teacher Grant Application

## COVER SHEET

PLEASE NOTE: Applications will be reviewed anonymously. To ensure anonymity, the cover sheet will be removed and the application will be coded. **Write the application section with no reference to your school or district. Your principal must review and sign the application. Your principal will forward all grants to the district office by Friday, January 26, 2018. This means your application must be to your principal before January 26, 2018.**

Name: Preferred Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Participants (for collaborative projects)

School:

Grade/Team:

Title of Activity:

Amount Requested:

I understand that my application will be considered **ONLY if it follows the guidelines outlined in the instructions.** The project request cannot exceed $500, the proposal (excluding the budget justification page) cannot exceed two pages, and typed in a **legible font no smaller than 12 point**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Project Requester

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Approval

**NEF TEACHER GRANT APPLICATION**

Number of Students to be Served:

Budget Request Amount:

#### Project Overview: (This is your opportunity to explain clearly what it is you want to do.)

Project Objectives: (This is your opportunity to explain the learning outcomes for the students and how these will be measured.)

Project Evaluation: (This is your opportunity to explain how you will know if your objectives were met.)

NADABURG EDUCATION FOUNDATION

**nef teacher grant**

### BUDGET JUSTIFICATION

### Project Name:

Number of Students Served:

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| --- | --- | --- | --- |
| Quantity | Item | Cost | Justification |
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|  | TOTAL |  |  |

Please check the appropriate box below:

* This budget includes tax & shipping where needed
* There is no tax and/or shipping required with this budget
* The district/school has agreed to pay all taxes & shipping costs