

# Murphysboro District 186 Education Foundation Teacher Grant Application Form

Date of Submission: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Applicant Name (Printed): \_\_\_\_\_ School: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Is this a technology grant? (circle one) Y N

**All applicants must sign:**

If I receive funding from the Foundation for this project, I agree to complete a project evaluation and short presentation describing the implementation of this project. Additionally, by accepting funding, I agree that this project and my ideas may be shared with other CUSD 186 educators in the future.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Grant I.D. Number:** \_\_\_\_\_ (To be assigned by the Foundation Selection Committee)

**Please answer the following questions on a separate sheet and attach it to this form.**

1. Describe the project you are requesting and any/all learning opportunities that you believe it would facilitate.
2. Please provide a demographic profile of the students affect (age, gender, cultural information when applicable, etc.)
3. Specifically, what do they align to the instructional area of focus as determined by your curriculum and standards?
4. In what ways will this grant support your students' critical thinking and personal development?
5. Do you plan to request help from other community partners, parents, or other organizations to help you achieve your goal? If so, what will they contribute?
6. How will you determine whether your objectives have been achieved successfully?
7. Please list any other important information about your project.
8. Please include a detailed budget. Identify all costs by itemizing what will be purchased specifically. If you have applied for other grants related to this project, please include information about the other grants and how the grants would relate to each other.

\_\_\_\_\_  
Building Administrator or Chief Information Officer Signature

\_\_\_\_\_  
Date