

Committee Use Only
Application Num: _____
Date Received: _____
Received by: _____

Teacher Grant Application

Sponsored by the Boise-Kuna-Meridian Retired Educator's Association
2019-2020 School Year

Application Instruction are found at www.idahoretirededucators.org. Deadline is April 2, 2019

* Teacher/Applicant Name: _____ Date: _____

* School: _____

* Project Name: _____

* Grade Level(s) & Content Area: _____

* School Contact Information:

* Street Address: _____

* City: _____ Zip: _____ Main Office Phone #: _____ - _____ - _____

* E-mail Address: _____

* Additional Contact Information: _____

* How did you hear about this program? (Check as many ways as you can recall):

Family/Friends School Administration Co-Worker Website

* Teacher/Applicant Statement & Signature (**Required**):

I, the undersigned applicant, understand and agree with the Application Instructions found on REA's website. I agree that all information regarding this project is detailed and present in this application, including all pertinent information about the funding that I need, the funding available to me, and the funding I have already obtained. If I receive this grant, I also understand that I must report my project results by the second Tuesday in May, 2020 at an REA Luncheon meeting and a short, written report (including copies of receipts) at that time.

Teacher/Applicant Signature: _____

* Principal Signature of Support (**Required**):

I, the undersigned principal, approve of this application and project proposal. I affirm that all pertinent information is present, and I understand that the project results must be reported by the second Tuesday of May, 2020. In addition, I have filled out my portion of this application on page two.

Principal Name: _____

Printed

Signature

Project Details

Project Criteria- Considered in Choosing a Grant Recipient

- A. Enables improved classroom learning and teaching
- B. Enhances the Current State or District Curriculum
- C. Unique and Innovative (surplus to requirements)

- * Project Name: _____
- * Grade Levels(s) & Content Area: _____
- * Number of students who will benefit: _____
- * Project Description (Please limit to space provided below):

* Project Timeline:

Principal Portion:

School District:

Type of School (ex: "High School"): _____ Size of School (number of students): _____

General Classification: Public Private Parochial Charter

Project Details (CONTINUED)

* Total cost of Project:

* Please Detail Costs of Project:

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

* If your plan costs more than \$500.00, please detail when and from whom you will secure (or already have secured) the remaining funds:

* How will this project enhance the District/State curriculum you are teaching this year?

Project Details (CONTINUED)

* What do you expect the outcome of your project to be?

* If you would like to provide more detail, or if you consider this project unique or innovative, include details in the space provided. (Attachments not to exceed six (6) pages may be included.)

Send completed application with any appropriate attachments to:
Charlotte Moore, 7878 Stirrup Ave. Boise, Idaho 83709-6468