

TEACHER GRANT
Application
2nd SEMESTER 2010 – 2011

The following information is for office use only. It will not be available to the Grant Committee.
**Applications involving technology requests must be approved by the Technology Coordinator.

Applicant's Name (s) _____
Home Address _____
Home Telephone _____ School Telephone _____
Position and Building _____
e-mail address _____
Project Title _____
Amount Requested _____ Date _____
Building Principal Signature _____
(Principal's approval is required)
** Technology Coordinator _____
(Required for grants involving technology hardware or software)

Proposals are to be received at the WINGS office located at the Four Rivers Career Center by 4:00 pm on Thursday, April 28, 2011.

Please mail your proposals, with the above information attached, to
WINGS
Chair of Teachers Grant Committee
1978 Image Drive
Washington, Missouri 63090

On separate paper, please respond to all six items listed below and attach to this form. Please number each item. To assure anonymity, **do not use your name, your principal's name or your school name in your proposal.**

1. A one-paragraph introductory summary.
2. A description of the project including the following:
Educational objectives.
Materials you will need
Equipment requested - please note the quantity and current availability of that equipment in your building.
3. A time schedule for implementation.
4. The approximate number of students who will be affected or impacted by this project.
5. Budget request including the following:
Costs of materials needed
Costs of equipment needed.
(Equipment purchased through this program becomes the property of the School District of Washington.)

Upon completion of the project, unused funds in excess of \$15.00 should be returned to WINGS.

WINGS Board members welcome your invitation to view a demonstration of your grant.

**THIS APPLICATION MAY NOT BE CONSIDERED IF
YOU HAVE OUTSTANDING PAPERWORK.**