



Grants-To-Teachers

Fall Grant Deadline: September 15th

Spring Grant Deadline: February 15th

Grant Application Form

Applicant's Name	
School	
Position	
Name of Grant	
Amount Requested	
Home Address City/St/Zip	
Home Phone	
School Phone	

I grant to the Grove Education Foundation for Excellence the right to use this proposal and the results of this project, if funded, for public information purposes or to help other educators. I understand that all supplies, equipment, and materials purchased become the property of the Grove Public Schools. I agree to furnish GEFFE copies of purchase orders and receipts showing expenditure of all funds awarded as proposed in my grant request. I understand that project funds must be spent and projects completed within a calendar year of receiving the funds and that any unspent funds shall be refunded to the education foundation.

Applicant's Signature

Date

Grants will be picked up from each school at 3:00 p.m. on the due date.

Contact the appropriate member of the Teachers Relations Committee with concerns or questions:

School Site

ECC
Lower Elem
Upper Elem
Middle School
High School

Board Member Contact

Becky Rutter
Becky Rutter
Kristy Allen
Lynn Pagels
Benee Masri

Board Member Contact Info

918-520-7694 / rutter4@att.net
918-520-7694 / rutter4@att.net
918-791-9553 / kristy-allen@hotmail.com
918-786-8004 / lynnrpjones@gmail.com
918-654-9896 / benee@hotmail.com

This cover sheet will be removed before submission to the Grant Review Committee. Please do not use your name anywhere in the grant application. Thank you.

Grant Project Title	
Budget Requested	
Grade Level of Students Involved	
Brief Summary of Project	

Please have your building principal complete the following:

Do you support this grant proposal? _____

Comments: _____

Please include any budget considerations that would be pertinent. _____

___ If this grant includes technology it **MUST** be approved by the Technology Director.

Date approved _____

___ The school site is willing to fund any continued expense. Approved by _____

___ Number of times this grant has been submitted.

Principal's Signature _____ Date _____

<p>What classroom/school need, problem or opportunity does this proposed project address?</p>	
<p>What are your goals?</p>	
<p>Describe your procedure and/or project activities.</p> <p>Include your plan of action and your time schedule:</p>	

<p>How many pupils will be affected by this project? Please explain the number.</p>	
<p>What will happen to the project at the conclusion of the grant?</p>	
<p>Explain how you will evaluate the success of this project.</p>	

