

**ACTM TEACHER GRANTS APPLICATION FORM COVERPAGE**

**APPLICATION PAGE 1**

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Applicant's Name \_\_\_\_\_

Project Title \_\_\_\_\_

Applicant's School \_\_\_\_\_

Home Address \_\_\_\_\_

School Address \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Email \_\_\_\_\_

School Email \_\_\_\_\_

Last four digits of Social Security Number \_\_\_\_\_

*This is used to identify the proposal for anonymous review by the selection committee. The selection committee will not see this coverpage which identifies the applicant or school.*

ACTM District in which your school is located \_\_\_\_\_

See the ACTM District Map located <https://acotom.wildapricot.org/page-1566775>

**Statement of Assurance:**

Recipients must be current ACTM members in good standing and teach in grades K-12. Recipients of ACTM Teacher grants agree that monies awarded will only be spent as detailed in submitted proposals. Recipients who receive grant funds agree to submit a poster of the project to be displayed during the annual statewide ACTM conference held during the school year following the grant award. The poster should include detailed information and photographs of how funds are spent and how the project benefits students.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant's Principal \_\_\_\_\_

## APPLICATION PAGE 2

Last 4 digits of Applicant's Social Security Number \_\_\_\_\_

Project Title \_\_\_\_\_

Responses to the questions below will provide information to the Review Committee needed to evaluate your project proposal. Be specific, but please limit your responses to one or two paragraphs for each question. The committee is interested in substantive content, not the form of the presentation.

- (1) What are the specific objectives addressed in this project? What is your rationale for conducting this project?
- (2) Describe the project. What is unique about your project that will assist with student learning? Include materials and methods you will use and the amount of time students will be involved in this project.
- (3) Who will benefit from this project? Describe your student group's ages and academic levels.
- (4) How will the success of this project and achievement of objectives be measured?
- (5) Outline the budget. List specific items needed. Only items listed in this budget may be purchased with Grant money. There will be no exceptions.

Item	Amount (Up to \$1,000 maximum)
a.	
b.	
c.	
etc.	

*If the total budgeted amount for the project exceeds \$1,000, describe how additional funds will be secured for project implementation.*

Questions concerning the Grant Program Application Form should be submitted to:  
denise.porch@uah.edu

Applications must be received no later than **the first Friday after January 1 (e.g. 2<sup>nd</sup> or later)** to be eligible for a spring project. Preference will be given to applications received by December 1<sup>st</sup> for an "in-year" project.

Return completed application to:  
Denise Porch  
Attn: ACTM Teacher Grants  
4709 Mobbs School Road  
Union Grove, Alabama 35175