

ACTM TEACHER GRANTS APPLICATION FORM COVERPAGE

APPLICATION PAGE 1

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.	

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. 2nd or later)** to be eligible for a spring project. Preference will be given to applications received by December 1st for an "in-year" project. ACTM will accept grant applications prior to an academic year for the fall **by July 1st for a fall starting project.**

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