

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 Address _____

School Email Address _____

ACTM District in which your school is located _____

[See the ACTM District Map located on the ACTM homepage if you do not know.

www.actm.education]

Last 4 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 and his/her school.

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 that 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 that follows the grant award. The poster should include detailed information and photographs of how funds were spent and how the project benefited students.

Signature of Applicant _____ Date _____

Signature of Applicant's Principal _____

APPLICATION PAGE 2

Last 4 digits of Applicant's Social Security Number _____

Project Title _____

The questions below will provide the information the Review Committee needs 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 to be 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. Grant money must be spent only for items listed in this budget. There will be no exceptions.

<u>Item</u>	<u>Amount</u>
a.	
b.	
c.	
etc.	

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

Applications must be received no later than **January 4, 2019** to be eligible for a spring project. Preference will be given to those received by December 1, 2018 for a project anytime during the 2018-19 year.

Return completed application to:
Loria Allen
Attn: ACTM Teacher Grants
338 Six Mile Road
Somerville, AL 35670