

ACTM TEACHER GRANTS APPLICATION FORM COVERPAGE

Applicant's Name _____

Project Title _____

Applicant's School _____

Home Address _____

School Address _____

Home Phone _____ - _____ - _____

School Phone _____ - _____ - _____

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.alabamamath.org]

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 coverage page 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 will receive grant funds to begin the project and agree to submit to a 2-5 page summary report of the project upon completion including how funds were spent. Recipients agree that they will conduct a workshop for fellow teachers during the annual statewide ACTM conference held during the school year that follows the grant award.

Signature of Applicant _____ Date _____

Signature of Applicant's Principal _____

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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: nlpowell@cablone.net

Applications must be received no later than **DECEMBER 9, 2011** in order to be eligible.

Return completed application to:
Dr. Nydia Powell
142 Cunningham Dr.
Anniston, AL 36201
nlpowell@cablone.net