



Teachers Grant Application

1. Name of School: _____

2. Address of School:

3. Applicant: _____

a. Applicant's email: _____

b. Applicant's phone: _____

4. Brief Description of Proposed Project:

5. Do you need a representative of SJRA to assist you in developing or implementing your project? Please explain how:

6. **On a separate worksheet that you create**, please provide a more detailed description of your proposed project, including: (1) what it is, (2) where it would be located, (3) a proposed budget, (4) a timeline for completion, (5) how the project would be maintained or monitored after completion if applicable, (6) what you hope to accomplish with the project, and (7) anything else you would like us to know.



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7. Amount you are requesting for the grant: _____

8. Have the administrators at your school approved this project? Yes No

a. If no, do you need authorization? Yes No

9. Do you agree to submit a post-project report? Yes No

Signature of Applicant

Date: _____