



**Worcester
County
Education
Foundation**

Teacher Grant Application

Applicant Information

Applicant

Name: _____ **Date:** _____
Last First

Name of School/Site: _____

School Phone: _____ **Email:** _____

Personal Phone: _____

Name of class level, program or department within the school/site: _____
(Examples: "First Grade" or "Early Childhood Program")

Names of all applicants/schools associated with this funding request: _____

Name of Project/Funding Request: _____

Number of Students directly involved or impacted by this proposal: _____

Number of parents directly involved: _____ **Number of teachers directly involved:** _____

Date of project implementation: _____ **Date of project completion (Max 1 year):** _____

Amount of Request: \$ _____
(Must be \$1000 or less)

Brief description of project

Give a simple and straightforward description of what you hope to do. Requests that seek funding for salaries/stipends, professional development, conferences, competitions or contests, or laptops will not be considered. (Limit 100 words)

Description of Project Rationale, Objectives and Procedures

Describe the project, the need and the rationale for the project. Also describe the instructional procedures, activities and the objectives in measurable terms. Additionally, how does the project relate to school goals/objectives and meet/enhance student needs? (Limit 500 words)

**Grant recipients will be required to present or create a display to present to the WCEF Board of Directors highlighting their project.*

Project Creativity or Innovation

How is this project different, innovative and/or creative? How is it a different way to meet/enhance student's needs? (Limit 200 words)

Evaluation Procedures

Based on your objectives, how will you measure that this project has been a success? Project success should clearly be linked to your school improvement plan. Relate your evaluation to your objectives. Indicate how you will know what difference this project has made to your students. Any survey used must produce data which can be applied to the evaluation of the specific grant objectives. Could this project be implemented throughout the school system? What is the prospect of broadening the impact of this project? How would you share best practices? (Limit 200 words)

Itemized Budget

List specific items to be paid for by this grant. Items listed should total the amount requested. Budget items should be reasonable and related to objectives. Your budget should be appropriate to the number and type of students you will be targeting. Please attach listing from vendor (preferably Amazon) to make purchasing easier. *Reminder items should not include salaries/stipends, professional development, conferences, laptops, competitions or contests.

Item	Price Per Item	# of Items Needed	Total Cost
Total Costs			

Disclaimer and Signature

Your principal and/or department director/coordinator must approve of this project. Failure to obtain approval may result in forfeit of any grant monies.

Have you discussed this funding request with your principal and/or department director? YES NO

Department Director/Principal's Signature: _____ Date: _____

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to funding, I understand that false or misleading information in my application may result in forfeit of any grant monies provided by the Worcester County Education Foundation.

Signature: _____ Date: _____

Additional Requirements:

If you are requesting an app to use with students, please include digital request approval letter OR submit Digital Request Form with your application and it will be fast-tracked. The form is attached to WCEF Teacher Grant Email and also available online at www.wced.foundation/teachergrants

Questions? Email Olivia Momme
 oamomme@worcesterk12.org