

**Professional Development Grant Application**

**Teacher(s) Submitting Proposal:**

**Primary Contact:**

**Primary Contact Phone Number:**

**Primary Contact Email Address:**

**Name of Program/Seminar/Training Opportunity (attach supporting materials if available):**

**Projected date/timeframe that funds will be utilized:**

**Grade(s), Subject Area(s), Course(s), and/or Activities Impacted:**

**Total Grant Amount Requested:** $

*Please note we do not provide funding for meals, transportation or accommodation costs.*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Please tell us more about your grant request.**

**1. Describe program/project related to this professional grant:** Please describe conference, training, or other professional development activity for which you are requesting funds.

**2. Activities and Timeframe:** Please describe the major activities of this professional development and the timeframe (e.g. where and when will it occur, will you be attending a training, online or in-person)

**3. Goals & Objectives:** Describe how this professional development activity will benefit staff and students. Goals should be future statements of what will happen (i.e. students will conduct scientific exploration and understanding through the use of professional tools). Please also attach any supporting materials, brochures, etc.

**4. Describe the impact that you hope to achieve by participating in this activity:** How will your participation in the professional development activity improve your daily work? What do you hope to learn and how will you use it at school?

**6. Budget:** Please use the chart below to itemize the project’s grant-supported expenses in the table below. Describe other sources of income for this project, if any (such as district funds or parent contributions to field trips). Please attach any important documentation regarding costs of this project (product brochures, letters quoting price, proposals from consultants).

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Description** | **Quantity** | **Unit Cost** | **Subtotal** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**6. Signature of School Principal:**