GUTHRIE PUBLIC SCHOOLS

Grants to Teachers Application Identification Form

-For School Administration Use Only-This cover page is not to be transferred to the Guthrie Education Foundation*

| | | Date: | | |
|---------------|---------------------------|-----------------------|-------|--|
| Applicant's | Name | | | |
| Home Addr | ess | | | |
| Position | Grade | Level School | Phone | |
| Project Title | | | | |
| Grant Reque | est (\$) | | | |
| Short Summ | nary Description (from pa | age 1 of Application) | | |
| | | | | |
| Signature of | f Building Principal (Sup | pervisor) | | |
| Applicant's | Signature | | | |

^{*}This cover page is to be submitted to Doug Ogle along with the completed application. The attached application will then be given a project number and submitted to the Foundation Trustees without the cover page. The Foundation Trustees will select the grant recipients by project number only and will be informed of the recipient's name after the grant is awarded.

GUTHRIE EDUCATION FOUNDATION GRANT APPLICATION

Project No.____

| Submit to: Doug Ogle Guthrie School Administration 802 E. Vilas Guthrie, OK 73044 Phone: 405-282-8900 | for office use only |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grant applications may be sent by mail or hand delivered to the above that all applicable questions have been answered so the consideration delayed. If you should have questions concerning this application, plisted above. Grant selections will be made by the Board of Trustees Foundation and all applications submitted will be coded in such a way know the name of the applicant. The deadline for grant submission is for spring-semester requests. The Trustees will meet at least one time grant requests. For this application to be considered it must be in the office on or before the above dates. Late applications will not be considered. | of your request will not be ease phone the number of the Guthrie Education y that the Trustees will not Friday, February 28, 2020 e per semester to consider School Administration |
| This request is for: (check one) Teacher grant School Site grant Expert in Residence grant Professional Teacher Growth grant Student(s) Scholarship for Special Training Short Summary Description of Project (auto-filled from front cover) | |
| Total Cost of Project: | |
| Requested Amount: | |
| Would partial funding be acceptable if the entire grant cannot be YesNo | funded? |
| Level: (mark the appropriate choice) | |
| Pre-KK & 1PrimaryIntermediate Junior High | High SchoolSpecial Service |

| (T | oject Title: o preserve a fair selection process, please include no identifying information regarding school, chers, or students.) |
|----|--------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Description: Write a one-paragraph synopsis of your project (in the space provided). |
| | |
| | |
| 2. | Need: |
| | a) State the major need for the project. |
| | |
| | b) Have you solicited support for your project, equipment, materials, etc. from your school, principal, or district? Please explain. |
| | |
| | |
| 3. | Method of Instruction a) How is the subject presently being taught? |
| | |
| | b) Explain how your project is different, or expand on how this would enhance the current |
| | method of instruction in the content area. |
| | |
| | c) How is your approach creative or innovative? |
| | |

| 4. Objective a) State the project objective, materials and methods, and relate how they apply to PA.S.S. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| b) What measure of success do you expect your students to demonstrate as a direct result of participating in your project? |
| 5. Implementation a) Present a timeline of implementation. Be specific. |
| b) Is this a new project or a continuation of a previously funded grant? |
| 6. Pupil Involvement: How many students/teachers will be affected by the project? |
| 7. How have you contributed to The Guthrie Education Foundation? |
| |

8. Budget Attach the project budget with this application. Detail your budget request. Include specific information such as kinds of materials and equipment needed, sources of supply and costs. Technology items must include specifications and be District-system compatible. Categories to be used could be items such as materials, equipment, transportation, honorariums, food, shipping and handling, etc. If the grant is awarded, it is the responsibility of the recipient to coordinate all purchases with the school district, providing copies of all invoices and receipts so funds can be requisitioned by the school to the Foundation.