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| **For Chapter Use ONLY** Application Received Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| Beta Xi Chapter Classroom Grant Application**ONLY APPLICATIONS WHICH MEET GRANT CRITERIA AND ARE SUBMITTED ON THE CORRECT FORM WILL BE CONSIDERED****Grant Criteria**: provides financial assistance to conduct to develop special projects or to improve classroom instruction related to the improvement of education in Sumner County Schools, Sumner County, Tennessee |
| Personal Data |
| **Name:** (first, middle/maiden, last) **Email address:****Preferred phone contact number:** |
| **School and position:** **School City, State, Zip Code:** |
| **Teaching Experience including number of years in classroom or current position:** |
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| **Title of Project/Activity:****Description of the Project/Activity (including whether or not it is a new project or an established program):**  |
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| **Justification of Need:**  |
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| **Funding Request Rationale: (List detailed budget of proposed expenditures. Salaries and overhead costs will not be funded.)** |
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| **Indicate the Goals and Objectives of this Project:** (Please refer to the purposes of the Beta Xi Classroom Grant provided on the cover letter and the application guidelines. Be specific when connecting your project to these Purposes.) |
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| **Number & age level of individuals who will be served by this project:**  |
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| **Evaluation of the Project: (Include specific methods to be used for evaluating this project and specific outcomes to be achieved.)** |
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| **List other sources and amounts of financial support currently being received for this project.** |
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| **Will you participate in this activity whether you receive this funding amount or not?** **\_\_\_Yes \_\_\_ No** | **Would you be willing to give a presentation of the final outcomes at a Beta Xi Chapter meeting in May?** **\_\_\_Yes \_\_\_ No** |
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| ***NOTE: A record of your experiences must be submitted to the Beta Xi Chapter President by May 1st of the school year in which the activity or event takes place.*** ***You will be expected to attend our meeting on May 12th to share how this grant enhanced your classroom instruction.*** |
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| **Your principal’s signature is required to confirm his/her approval of this application.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Principal’s signature** |
| **Submit this application by email or snail mail to the** **Beta Xi Chapter of Delta Kappa Gamma****All application documents must be received by November 30, 2015.** |
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| Send to: **Tracy Parker or 1110 Woodvale Drive** **margosgirl@yahoo.com Gallatin, TN 37066** |
| Grant app. 2015 |