



STARKVILLE FOUNDATION FOR PUBLIC EDUCATION

TEACHER GRANT APPLICATION 2019-20

Date: _____

Title of Project: _____

Check One: Classroom Grant _____ General Grant _____ Music Legacy Grant _____

Contact person: _____

Email (checked regularly year round) _____

Personal Phone (Req*): _____ Texts allowable: Y N Alt Phone: _____

School: _____ Grade level(s): _____ (IF APPLICABLE)

Amount requested: _____ (Max: \$1000 for General Grant, \$500 for Classroom Grant and Music Legacy Grant)

Beginning date: _____ Completion date: _____ No. of students to be affected: _____

Will this project be implemented if the Foundation does not fund it? No Yes, when? _____

Who will fund this project if the Foundation does not? _____

Principal or other school official's approval:

Name: _____ Signature: _____

Submitted by:

Name: _____ Signature: _____

IMPORTANT

- Attach a brief project description (1 paragraph) on separate page.
- Attach a detailed project description to include the following:
 - Significance of and need for program
 - Purpose
 - Objectives
 - Methodology for accomplishing objectives
 - Evaluation of effectiveness to be done at end of project.
- Submit an itemized budget. (Be sure to justify all the requested items in your budget).
- Please include a short biographical sketch.
- Your proposal will be judged on impact, innovation, appropriateness, evaluation method, and budget justification.
- **Application due APRIL 15, 2019**

Please Note: ** E-Mail completed application to: starkvillefoundationgrants@gmail.com**

Please be sure to include a scanned copy of this completed Signature Page (with all Signatures)
OR Mail FIVE COPIES of completed application to: SFPE, P.O. Box 2307, Starkville, MS 39760

SFPE Committee Checklist

Application Form
Project Description (brief and detailed)
Itemized Budget
Biographical Sketch