

Grant-To-Teachers Proposal



MARTHA HOLDEN
JENNINGS
FOUNDATION

Date _____

Describe your project very briefly; for example: "develop a course in human relations for ninth graders."

Amount \$ _____ (maximum \$4,000)

Name: Dr., Mr., Mrs., Miss _____ County: _____

School: _____ District: _____

School address: _____
(No. and street) (City or village) (Zip code)

Home address: _____
(No. and street) (City or village) (Zip code)

Telephone numbers and area codes: School _____ Home _____

Higher education: Include credits toward incomplete advanced degrees:

Institution	School or Department	Years		Degree	Major subject	Minor subject(s)
		From	To			

Years of experience:

Elementary (Grades K through 6) from _____ to _____

Secondary (Grades 7 through 12) from _____ to _____

Other pertinent experience: _____

Details of the Proposal

On these pages, please use this outline as a guide in explaining your proposal to the Foundation.

- I Full description of the project and its purpose:
 - II Your special qualifications for carrying out the project:
 - III The results anticipated from the project:
 - IV Proposed means for evaluating the project:
 - V Dates the project will begin and end:
 - VI Estimates of expenses (list or describe items included):
 - a. Personnel services: Only non-school hours, when necessary, for school employees. (Fringe benefits cannot be funded)
 - b. Materials not normally supplied by the school: **Be specific.** List titles and individual costs of materials.
 - c. Necessary travel, accommodations, registrations, etc.: **Be specific.**
 - d. Other (specify)
 - e. Total
 - VII A statement why you believe this project should be supported by the Foundation.
 - VIII The application should not exceed the form by more than two pages.
 - IX The Superintendent of Schools **must** complete the endorsement section prior to consideration.
-

Signature _____

Superintendent's Endorsement

(Comments by the superintendent are necessary for consideration)

Please state your approval of this proposal by commenting on:

- (a) the worthiness of it for your school district, and
- (b) the qualifications of the applicant(s) in carrying it out.

Comments: _____

In support of this project, the school (system) will provide (materials, salaries, etc.) Please itemize.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I endorse the applicant's request for a Martha Holden Jennings Grant-to-Teachers in the amount of \$ _____

(Signature of Superintendent) (Typed Name of Superintendent)

(School District) (Address)

(City, State, Zip Code) (Telephone) (Date)

When this application has been completed, please mail **original and 9 copies** to:

MARTHA HOLDEN JENNINGS FOUNDATION
710 Halle Building
1228 Euclid Avenue
Cleveland, Ohio 44115
(216) 589-5700