

PTA Teacher Grant Application

Brushy Creek Elementary School

School Year _____

Name of teacher(s)/Grade Level _____

Subject Area: _____

Topic: _____

Number of Students to Benefit: _____

Academic Objectives (please indicate state goals, standards and objectives):

Brief Description of Project: _____

Educational Relevance: (How does this unit connect to the students?)

Schedule: (please include time frame and beginning and end dates of project)

Assessment: Indicators of achievement (methods used to evaluate student performance of learning objectives; results anticipated from students)

Supplies: List materials or supplies needed for this project and the associated costs

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FOR PTA USE:

Date received: _____

For Approval: _____

Principal's Signature _____ Date: _____

PTA Co-President's Signature _____ Date: _____

Treasurer's Signature: _____ Check # _____