



LCCU-EDU

TEACHER GRANT PROGRAM

Application

Application Instructions are at www.lewisclarkcu.org

Deadline is September 20 & February 20.

Teacher/Applicant Name: _____

Date: _____

School Name: _____

Principal Name: _____

Project Name: _____

Grade Level & Content Area: _____

School Contact Info

Street Address: _____

City: _____ Zip Code: _____

Main Office Phone #: _____

Email Address: _____

Additional Contact Info: _____

How did you hear about this program? (List as many ways as you can recall)

- Family/Friend
- Flyer/Newsletter
- LCCU-EDU Rep Visit
- Parents/PTA
- School Administration

Office Use Only

Application Num: _____

Date Received: _____

Received by: _____

Selection Semester: _____

- Co-Worker
- LCCU-EDU Branch Visit
- Teacher Event
- Radio/TV/Newspaper
- Educational Associate
- LCCU Website
- Other: _____

Teacher/Applicant Statement & Signature (REQUIRED):

I, the undersigned applicant, understand and agree with the Grant Guidelines found on LCCU's website. I agree that all information regarding my project is detailed and present in this application, including all pertinent information about the funding that I need, the funding available to me, and the funding I have already obtained. If I am to be awarded this Grant, I fully understand that I must report my project results within four weeks of receiving the Grant funds on the Recap form provided to me by LCCU-EDU.

Teacher/Applicant Signature: _____

Principal Signature of Support (REQUIRED):

I, the undersigned Principal, approve of this application and project proposal. I authorize that all pertinent information is present, and I understand that the project results must be reported within four weeks of receiving the Grant funds. Also, I have completed my portion of this application on page three.

Principal Name Printed & Signature: _____

PROJECT DETAILS

Project Criteria - Grant Guidelines Considered in Choosing a Grant Recipient

- Interest and originality of the project concept
- Likely impact on teaching and learning outcomes
- Likely impact on student engagement
- Evidence of school readiness, capability, leadership and motivation
- Potential for parent and community involvement
- Encouragement to Educators to start school wide and individual programs to fund-raise

Project Name: _____

Grade Level & Content Area: _____

Number of students who will benefit: _____

Project Description *(please limit to space provided below):*

Project Timeline - including submittal of the Project Expenditure Form within 2 months of receiving check:

Total Cost of Project: \$ _____

Please Detail Costs of Project:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

If your plan costs more than \$500, please detail when and from whom you will secure (or already have secured) the remaining funds:

How will this project enhance the classroom, District, and State curriculum you are teaching this year?

What do you expect the outcome of your project to be?

If you would like to provide us with additional detail, or if you consider this project to be unique, interesting, original or innovative, tell us in the space provided.

ATTACHMENTS: We encourage you to include photos, printouts, and/or portions or samples of the supporting documents. We request that attached materials do not exceed 10 pages. Provide detail and means in which you will send here.

Title/File Name: _____ # of Pages: _____

Title/File Name: _____ # of Pages: _____

Title/File Name: _____ # of Pages: _____

- INCLUDED WITH THIS APPLICATION
- SEPARATELY FAXED TO 208-746-0426
- SEPARATELY EMAILED TO LCCU lccu@lewisclarkcu.org
- SEPARATELY MAILED TO MAIN OFFICE:
1626 17th Street, Lewiston, ID 83501

PRINCIPLE PORTION

School District: _____

Type of School (ex. "High School"): _____

Size of School (number of students): _____

General Classification: ___Public ___Private ___Parochial ___Charter