



CYCLONE EDUCATION FOUNDATION



APPLICATION FOR TEACHER CLASSROOM PROJECT GRANT

Name: _____ Position: _____

Home Phone Number: _____ School Phone Number: _____

Date of Submission of Application: _____

Site: _____

Project Name: _____

Narrative of Classroom Project: _____

Objectives of project: _____

Timelines of Project including specific implementation date and date Implementation Report is due back to Committee: _____

Approximately how many students will benefit from this project? _____

How will you determine if your objectives are achieved and the success of the project? _____

Applicant Signature

Date

Signature of Building Principal

Date

