



## Learning Grant Application

Use extra pages as needed, and application must be typed.

Name of Applicant(s): \_\_\_\_\_

(Include names of all teachers in a collaborative proposal, as well as related information, on a separate sheet. Applicants must be TEA members.)

Home Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ (work) \_\_\_\_\_ (home)  
[Include area code(s)]

E-mail Address: \_\_\_\_\_ (work) \_\_\_\_\_ (home)

School: \_\_\_\_\_ Teaching Assignment(s): \_\_\_\_\_

Local Education Association: \_\_\_\_\_

Local Association President: \_\_\_\_\_

Local TSW Coordinator: \_\_\_\_\_  
(If there is no local coordinator, leave blank.)

Project Title: \_\_\_\_\_

Total cost of the project: \$ \_\_\_\_\_ Grant amount requested: \$ \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attach additional pages to this application form and answer the following questions.

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(Do **not** use the back of application pages.)

1. What are the specific project goals?
2. What instructional needs does your project address?
3. Approximately how many pupils will be affected by this project?  
(Explain the basis for your estimate.)
4. Summarize project plans.
5. How will you determine if project objectives are achieved?

6. Detail the project budget. Itemize materials and equipment needed to complete the project and the cost of each item. (Include description, purpose, and source of any matching funds.)

7. What previous TEA TSW learning grants have you won?  
(Give amounts and dates.)

Mail completed application to:

Tennessee Space Week Learning Grant Project  
Attn: A.L. Hayes  
Tennessee Education Association  
801 Second Avenue North  
Nashville, TN 37201-1099

**Applications must be received no later than 5 p.m. (CDT), Friday, September 23, 2011.  
("Return receipt requested" mail is encouraged, but not required.)**