Blanchard Education Foundation Grants to Teachers Grant Application

Board Use Only

(Signature of Teacher)

	Date Rec'd
	Proposal #
Please feel free to duplicate this form. The application before spring break. This form, your responses to the report is all that will be mailed in to the Blanchard Ed OK 73010. This page is the only place your name show	e questions below, and the estimated expense ducation Foundation at P.O. Box 1994, Blanchard,
(Projec	t Title)
(Signature of Principal)	(School Site Name)

Please answer the following questions on a separate sheet of paper with only the title of your project listed at the top – no names! This will keep the application anonymous.

- 1. Please give a summary of the project you are proposing.
- 2. What are the objectives of the project, including specific state objectives? Not solely using test scores as a measurement, how will you measure the success of this project? Include the evaluation method you will use.
- 3. Please list the number of students affected by this project.
- 4. Please provide a timeline for this project.

(PRINTED Name of Teacher)

5. Complete and attach the estimate expense report.