

Ulster Savings Charitable Foundation



Learning Initiatives for Educators (L.I.F.E. Grants)

Grade and subject you teach: _____

School Category: Public Private/Independent Parochial

Grant Category: General Grants Professional Development for Teachers
 Community Service Grants

A. PROPOSAL: Please provide type written response, not to exceed two pages, to the following items.

Do not refer to the name of the school, school district, or town in your description.

1. State as specifically as possible in what activity you wish your students to engage, when and where you wish to complete activity, and how it will be carried out. For Field Trip proposals: briefly describe how the field trip will connect to the curricular goals including any pre- and post- field trip activities planned in the classroom.
2. For Teacher Development Grants: state as specifically as possible how this activity will enhance your personal and professional life as a teacher.
3. Briefly describe the outcomes or results you hope to achieve, including how the project might have a positive impact on your students.

B. PROPOSED BUDGET: (add additional sheets if needed)

Item	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

If requested amount is less than the budget, what other funding sources are available?

If proposal does not receive full funding, do you wish your proposal to be considered for partial funding? Yes No

C. PERSONAL / PROFESSIONAL INFORMATION:

If there is more than one applicant, please attach information on second sheet. The teacher listed below is the primary contact.

Name: _____

Address: _____

Home Phone: _____ School Phone: _____

Email: _____

Employing Board of Education or School: _____

Name of School: _____

Address: _____

Principal's Name: _____

Principal's Signature: _____

D. CERTIFICATION:

By affixing my signature, I certify the following is true:

1. I have reviewed this proposal with my building principal / head of school.
2. I understand that the completion date of this activity is by March 31, 2011. Within 30 days following its completion, I will submit a report of the activity with an accounting of all expenditures.
3. Unused funds will be returned to the Ulster Savings Charitable Foundation.
4. All information contained in this application is true and correct.
5. I hereby grant Ulster Savings Charitable Foundation permission to use my name and/or likeness, if chosen as a grant award winner, for publicity purposes.

Signature

Date

Please submit your completed application form to:

Ulster Savings Charitable Foundation
Learning Initiatives for Educators Grant Program
180 Schwenk Drive
Kingston, NY 12401

DEADLINE FOR SUBMISSION OF APPLICATIONS IS APRIL 9, 2010.