

Use this form as the cover page for your grant proposal. If submitting by e-mail, please include all of the above information in your e-mail, with supporting documents attached.

Please note that all grant applicants and co-applicants must be current NYSAFLT members for 3 consecutive years prior to the date of application.

Applicant's name: _____

Job Title: _____

School Name and Address: _____

School Phone: _____

Applicant's Home Address: _____

Home Phone: _____

Email Address: _____

Project Title: _____

Objectives and projected benefits: _____

In the space below, please provide a narrative description of the project that you are proposing: (Continue on additional page, if necessary.)

Please provide any additional information that the selection committee should take into consideration, as well as two letters of support (one from an immediate supervisor and one from a colleague or other supervisor familiar with your work and/or your project), which should be mailed or e-mailed directly to the selection committee chair (see application cover sheet.)

At the time of application for this grant, are you currently applying for any other grant or scholarship through NYSAFLT? Yes No

If yes, which one? _____
(Multiple applications do NOT disqualify candidates in any way.)

If your grant proposal is selected, NYSAFLT would like to make an official notification to your school. To that end, please list here the individual to whom you wish an official school notification to be mailed:

Name and title: _____

Address: _____