

Nova Scotia Teachers Association for Literacy and Learning

*Professional Development Grant
Application Form*

(not to exceed \$500.00)

1. Name of Applicant(s) _____
School Name and Address/Postal Code _____

Home Mailing Address/Postal Code _____

Home Phone Number _____ School Number _____

Fax Number _____ E-mail Address _____

2. Project Title/Name _____

3. Grade Level(s) – at which program will be implemented _____

Approximate Number of Students – participating in project _____

4. Project Description

(a) Purpose – your goal(s) and objective(s); what you hope to achieve

(b) Benefit – who will benefit; what will students gain

(c) Projection of Costs: We encourage the purchase of books and the support of literacy; some costs can be for hardware but cannot overload the project. We would like a list of material names (if you have titles, include them), and a list of projected costs. If your application is successful you will need to save all receipts.

(d) Implementation Strategies – how will the materials be used; how will you achieve your goals and objectives, how will your plan operate with students, how will materials be used

(e) Assessment of Effectiveness – how will you assess and evaluate your project, which tools will you use, assessment types (you can include strategies you will use and what you will be evaluating)

Grant Agreement

Please read, complete, and sign:

If I, _____, should be a successful candidate, I understand that I am required to provide NSTALL with a detailed list of expenses and receipts. I also agree to provide NSTALL with a brief write-up on the success of my project, within one year of receipt of the grant.

Applicant(s) Signature(s)

_____ Date _____

_____ Date _____

_____ Date _____

Your grant has been approved _____ not approved _____

Signature of President _____

Date: _____