

Philipsburg Area Education Foundation
P. O. Box 900
Philipsburg, MT 59858

EDUCATIONAL GRANT APPLICATION FORM for TEACHERS AND TRAINERS

Organization:

Applicant/Responsible Party:

Email:

Phone:

Brief project description:

Who are the beneficiaries of the educational project? What age/grade/participants? How many will actively participate?

How will participants benefit – what are the hands-on learning components? How will learning be measured?

Who will deliver the services? Teacher? Individual? Organization?

Funds requested: (description of supplies, personnel, transportation, fees and other expenses)

Matching funds: (if any)

**Attach any documents that may help us further understand the scope of your project:
Examples, lesson plans, evaluation forms or rubrics, brochures, photos, agenda, books or teaching supply description.**

DEADLINE FOR CURRENT YEAR FUNDS – October 1