

Official Use:

Date Approved/Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be funded: $\_\_\_\_\_\_\_\_\_\_\_\_

Expense Report is due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**“All Star Teacher Initiative”**

**Travel Study Grant Application**

**Olympic High School, Charlotte, NC**

Applicant’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charlotte Mecklenburg Schools Staff Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resubmittal Date (If required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART I: Description of Professional Development Activity**

1. **Title of Proposed Professional Development Activity:**

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1. **Abstract of Proposed Professional Development Activity:**

*(Write a brief abstract or summary of the purpose and contents of your proposal in 50 words or less. Include the potential benefits of the professional development activity.)*

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1. **Anticipated Outcomes and Benefits of Proposed Professional Development Activity:** *(Explain the anticipated outcomes or benefits of your professional Development activity. Specifically, who will benefit from your work and how? How will your students, your discipline, and/or school benefit from your activity? Are there any other potential benefits for the community? Be specific, but brief. You may also address how the grant may help you fulfill your professional goals. Try to limit response to 1000 words or less.*

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**PART II: Technical Information: Budget, In-Kind Contributions and Dissemination of Results**

1. **Have you received a Travel/Study Grant before***? (If yes, specify year for each grant that you received.)*

❒ No ❒Yes Year(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Itemization of Expenses:** *(Provide a cost outline. Grant money will be provided for approved reimbursable expenses only. Be specific about the dollar amount of each item requested and provide information as to how you derived the estimated cost, e.g. vendor quotes, business office estimates, catalog research, etc.)*

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| **Budget Item** | **How was the Cost Derived?** | **Estimated Amount** |
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| **Total Reimbursement Request** |  | **$** |

**Please note that receipts will be required for all expenses incurred by applicant. No reimbursement will be given for expenses not accompanied by a receipt.**

1. **Total Amount Requested:** *(In the blank provided, indicate the total amount of your proposed request. The total proposal request is obtained by totaling the dollar amount for proposed itemized expenses related to the proposed professional development activity in #2.)*

**Total Proposal Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**