

2017-2018 Reflective Professional Practice Grant

APPLICATION FORM

This is available to MTS members only. PLEASE print or write clearly.

Deadline: Must be submitted by May 29th, 2017

Name of Teachers' Association: _____

Name of lead/contact teacher: _____

School: _____

Telephone: _____

Email: _____

Name of Project: _____

Names of other team members: _____

MTS membership numbers: _____

Anticipated costs: \$ _____ Amount of funding requested: \$ _____

Cheque should be made payable to: _____

Cheque should be addressed to: _____

What learning design or research will serve as the foundation for the work of this group?

A leader or contact person has already been identified but it is assumed that members of the group will take leadership roles as the project evolves. Briefly identify and describe the leadership role(s) you believe people will take on as the project evolves:
