

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:		
Talauhana		
Email:		
Name of Project:		
Names of other team members:		S membership numbers:
Anticipated costs: \$	Amount of funding requested:	\$
Cheque should be made payable to:		
Cheque should be addressed to:		

PROJECT INFORMATION

ame of Proj	ect:				
	roject: Highlight and de ark on this project.	scribe the data	or need the gro	up has identified	as a

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:

List the key activities/meetings your group has planned and the approximate deadlines:
What resources does the group plan to use? (i.e. human, fiscal, material, technological, and time.)

Please **Fax** this form to **Tanya September** at: **831-0877** or **1-800-665-0584** or scan your completed application and email it to **tseptember@mbteach.org**.