

**New York State United Teachers
NYSUT RETIREE COUNCIL #13**
(Representing: Columbia, Dutchess, Greene, Sullivan, Ulster Counties)
Mid-Hudson Regional Office
201 Stockade Drive
Kingston, NY 12401

Professional Grant Application
(The recipient will be awarded a grant that shall not exceed \$500.00.)

Applications must be submitted no later than, May 30, 2023. Applications can also be accessed at the RC #13 website: <http://retireecouncil13.com>

Only legibly filled out applications will be considered.

Mail to: NYSUT Retiree Council #13 Grant Application Committee
Mid-Hudson Regional Office, 201 Stockade Drive, Kingston, NY 12401

Applicant's Name: _____

School District: _____

Work Address: _____

Work Phone: _____

Title of Applicant: (Please fill in the area(s) which apply to you.)

Elementary: Grade(s) _____ Special Subject Area _____

Middle School: Grade(s) _____ Subject Area: _____

High School: Grade(s) _____ Subject Area: _____

Service Related Professional (SRP): (Please circle which applies to you:)

Elementary, Middle School, High School Position: _____

Applicant: (Please fill out your personal information below:)

Telephone: (H)_____ (C)_____

E-mail: _____

Home Address: (Please fill this information out carefully. If you are awarded a grant the check will be mailed to your home address.)

Name: _____

Address: (Residential or PO Box) _____

City: _____

State: _____

Zip Code: _____

Please notify the committee if your address changes before the grant is awarded at:
rc13webmaster@retireecouncil13.com

Title of Proposed Activity: _____

Proposed Activity: (no more than 250 words):

- Classroom Activity
- Training Program
- Workshop

Time Frame for Completing the Activity(from/to): _____

Project Description: The proposed professional development effort involves_____

Project Benefits: I anticipate the following benefits from the proposed professional development effort to my teaching and students:

1.

2.

3.

Project Schedule:

Give examples of activities for the proposed development effort. (Please note, the completion time for some of the activities can be estimated.)

Attachments: (Include copies of ALL items listed below.)

X, Letter of support from Building Principal _____

X. Letter of support from Curriculum Director or Colleague _____

X. Signature of Local Union President _____

X. Application for the classroom must include details of the classroom curriculum plan and an itemized breakdown of expenses with total expenditures.

OR

X. Application for the workshop or training program applicant plans to attend must include an itemized break down of expenses with total expenditures.

Verification or Proof of Project Completion:

• **Final Requirement:** Summary Statement (typed) by applicant **must** be submitted to the Grant Application Committee upon completion of the classroom curriculum plan, workshop or training program. Photos, drawings or statements from participants may be included. **Must be received by July 1, 2024.**

Applicant's Signature: (signed) _____

Date: _____

Local Union President's Signature: (signed) _____

Date: _____

January 2023 Retiree Council #13 Professional Grant Committee (SE)