

**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, 2024**. 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](mailto:rc13webmaster@retireecouncil13.com)

[rc13secretary@retireecouncil13.com](mailto:rc13secretary@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 \_\_\_\_\_

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

1.

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2.

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3.

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**Project Schedule:**

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

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**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: (The Professional Grant Committee must receive this Verification or Proof from the recipient of the Grant Funds.)**

• **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, 2025.**

Applicant's Signature: (signed) \_\_\_\_\_

Date: \_\_\_\_\_

Local Union President's Signature: (signed) \_\_\_\_\_

Date: \_\_\_\_\_

January 2024 Retiree Council #13 Professional Grant Committee (SE)