

**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, 2025**. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: (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, 2026**

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

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

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

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

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