

**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 postmarked no later than May 30, 2026 with all required information filled in and Attachments included. (The required Attachments are listed on the last page of this application.)

Applications can also be accessed at the RC #13 website beginning in February 2026:
<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: _____

Work Email: _____

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 Personnel (SRP): (Please circle which applies to you:)

Elementary, Middle School, High School Position: _____

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

Name: _____

Address: (Residential or PO Box) _____

City: _____

State: _____

Zip Code: _____

Telephone: (Home) _____ (Cell) _____

Email: _____

Please notify the committee if your home address changes before the Grant is awarded at:

rc13webmaster@retireecouncil13.com

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, 2027.**

Applicant's Signature: (signed)_____

Date: _____

**Local Union President's Signature:
(signed) _____**

Date: _____

January 2026 Retiree Council #13 Professional Grant Committee (SE)