

# Teacher Development Grant

## Application Questions

**Notice:** This is NOT AN APPLICATION. It is a resource to help you review questions in advance so that you can prepare to submit them online. Applications can be saved and edited before they are submitted. To access the application, visit [mccartheydressman.org](http://mccartheydressman.org) and click on Login.

### Background Information

Project Title
Personal Title (Mr., Mrs., etc)
First Name
Last Name
Email Address - <i>Make sure the email address you list is accessible and active during the entire year (especially during the summer).</i>
Address 1
Address 2
City
State
Zip
School Name
School Year Address (if different)
School Year Address 1
School Year Address 2
School Year City
School State
School Year Zip
School Year Phone Number

### Narrative

Order	Question	Word Count
1	Describe your project and how it will contribute to the development of participating teachers.	500
2	Describe your school/organization and the individual teacher or team of teachers who will participate.	50
3	Describe how your project meets these criteria: *Will differ from your teaching in the past *Will improve instruction *Will contribute to the development of teachers *Will increase student learning	200
4	Inquiry, Reflection, Documentation *What questions will guide your learning? *In light of your questions, how will you document teachers' learning? *In light of your questions, how will you document students' learning?	200
5	Describe the product(s) you will use to disseminate this project to other groups of teachers.(Examples: teachers' reflective journals, set of lesson plans, DVD, power point, etc.)	100
6	Describe your plan to implement the project, including timelines and specific projects.	100

# Budget

## Year 1

WHAT WILL THE MONEY BE USED FOR?	HOW ARE THESE EXPENSES RELATED TO YOUR PROGRAM?	WHEN WILL THE MONEY BE SPENT?	AMOUNT OF MONEY NEEDED

## Year 2

WHAT WILL THE MONEY BE USED FOR?	HOW ARE THESE EXPENSES RELATED TO YOUR PROGRAM?	WHEN WILL THE MONEY BE SPENT?	AMOUNT OF MONEY NEEDED

## Year 3

WHAT WILL THE MONEY BE USED FOR?	HOW ARE THESE EXPENSES RELATED TO YOUR PROGRAM?	WHEN WILL THE MONEY BE SPENT?	AMOUNT OF MONEY NEEDED

# Reference Letters

Note: You'll provide this contact information for Sender 1, Sender 2 and Sender3. Senders will receive information by email so make sure the email address is correct.

First Name
Last Name
Address 1
Address 2
City
State
Zip
Email
Phone Number