

MSMTA Lois Golding Memorial Teacher Education Grant

Application Form

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

Please complete all the following information about the conference or workshop for which you would like to receive assistance:

NAME OF EVENT: _____

LOCATION OF EVENT: _____

DATE OF EVENT: _____

APPLICATION DEADLINE (FOR EVENT): _____

BREAKDOWN OF ESTIMATED COSTS: _____

Tuition: _____

Transportation: _____

Lodging: _____

Food: _____

Please answer the following questions in the space provided:

Have you requested or received funding from other sources? If so, please explain _____

Give a brief description of this event and what professional enhancement you hope to gain by attending: _____

Please indicate how you might be able to share what you learn from this experience with other members of MMTA:

Describe your level of participation in Mid-State: _____
