



NOMINATION FORM

\$500 Classroom Project Grant

Teacher's Name: _____

Grade/ Subject Taught: _____

School Name & Telephone: _____

Principal/Supervisor Name: _____

What special classroom project goals does this teacher have?

How would the \$500 grant help this teacher achieve his/her classroom project goals?

What makes this teacher exceptional?

Your Name: _____

Your Telephone: _____

Your Email Address: _____

- *Only current teachers from pre-school through high school are eligible to be nominated to receive the \$500 educational grant. This grant must be used to conduct a special project to enhance learning in the classroom.*

