

# High School Physics Teacher Grant

Proposal Deadline: December 1

Name:	AAPT Member ID#:
Date:	Home Phone:
Email:	
School Information:	
School Name:	
Street Address:	
	Fax:
School Email:	
Title of Project	
Project Objective (describe the expec	ted outcome of your project):
<b>Project Plan</b> Describe how you plan to implement y	your project. Please be specific.

## **Project Schedule**

Attach an outline of the schedule you plan in order to complete your project. NOTE: The project must be completed within one year after the grant is awarded. You will be expected to present a paper at an AAPT meeting within one year of completing your project. AAPT will provide you with \$200 to assist you with travel to the meeting when you present your paper.

## **Budget Request**

NOTE: The grant from AAPT may not exceed \$500. However, you may have support from other sources.

Item	Source Of Item (please give name & address)	Cost of Item	Number of Items	Total Cost
	Total Funds Requested			

If you have other funds for your propose	l, please indicate the source	and the amount of the support.
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### **Evaluation**

Describe how you plan to determine whether or not the objectives of your project have been accomplished.

### **Support from School Administrator**

Attach a supporting letter from your principal or school superintendent which affirms the intent of your school and/or school system to implement the project, if you receive the grant.

Email your proposal to the K-12 Program Manager at k12programs@aapt.org

Deadline for Proposals is December 1

Thank You for Your Support of AAPT Programs!