## National Council of Supervisors of Mathematics Mathematics Education Trust (MET) Proposal Cover Form

2019-2020 NCSM-MET Grant Award

## **Teacher-Leader Professional Learning Grant**

**How to use this form:** Please furnish all requested information. After completing this form, please save the document, then print and sign. This form serves as the cover pages of your proposal. Completed proposals (as **one PDF document**) must be submitted electronically to <a href="mailto:AwardsChair@mathedleadership.org">AwardsChair@mathedleadership.org</a> by 11:59 PM PST on November 1, 2019.

No mailed or faxed copies will be accepted. Duplicate or revised applications will not be considered. Lack of applicant signatures will automatically disqualify the proposal.

- 1. Where did you hear about this grant?
- 2. What is the title of your proposal?
- 3. **Please write a brief abstract** (not to exceed 150 words) outlining the objectives of your proposal. (*NOTE: Abstracts of winning proposals will be published.*)

**Teacher-Leader Professional Learning Grant** 

**Amount Requested:** 

Home Phone: Preferred Email Address: Home Address: City: State/Province: State/Province: State/Prostal Code:  Current teaching level (check all that apply): Pre-K K I 2 3 4 5 6 7 8 9 10 11 12 Number of years teaching mathematics:  School Name: School Type: School Address: City: State/Province: School Type: School Address: City: State/Province: School's homepage (if available):  NCTM Membership Number: AND/OR Last NCSM Membership Renewal (Month/Year):  Signature Required (Lack of an applicant's signature will automatically disqualify the proposal.) I grant permission to use my name, project description and photographs for publication purposes  Signature: Date:  CO-APPLICANT PERSONAL INFORMATION Title: First Name: Home Phone: School Phone: Preferred Email Address: Home Address: City: State/Province: State/Province: Zip/Postal Code:  Current teaching level (check all that apply): Pre-K X 1 2 3 4 5 6 7 8 9 10 11 12 Number of years teaching mathematics: School Address: City: State/Province: Zip/Postal Code:  School's homepage (if available):  NCTM Membership Number: AND/OR Last NCSM Membership Renewal (Month/Year): Signature Required (Lack of an applicant's signature will automatically disqualify the proposal.) I grant permission to use my name, project description and photographs for publication purposes  Signature: Date:	Title: First Name:	Middle:		Las	t Name	:				
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