



Tennessee Association for the Gifted

Teacher Mini-Grant Application Innovative Projects for Gifted Students

Teacher Name: _____

Project Name: _____

Project Description: **(Additional information and supporting documentation may be attached. Please be specific as possible regarding the allotment of funds. Feel free to attach your answers if needed.)**

How do you plan to implement or utilize project materials, supplies, equipment, or software in your classroom? How will the project **impact your teaching and your students?**

Total project cost/dollar amount requested (maximum \$250) _____

Number of gifted students impacted by your project: _____

Name and address of applicant: _____

Name and address of school: _____

School System: _____ West TN:___ Middle TN: ___ East TN: ___

School phone number: _____ home/cell phone: _____

Name of principal: _____ Applicant's email: _____

TAG membership must be current at time of application. Project must be implemented by December 30, 2020.
The Tennessee Association for the Gifted requests that grant recipients submit follow-up documentation, photographs or examples of student work resulting from implementation of the project. Signatures below indicate agreement to provide such information and permission to use it and any information or descriptions contained herein in any publicity, publications, or announcements by Tennessee Association for the Gifted. No remuneration in connection with release of this information will be made..

Signature of Applicant: _____ Date: _____

Signature of Principal: _____ Date: _____

Applications must be received by **August 31, 2020.**

Submit to **president@tngifted.com**

Notification will be sent by email in September.