



## 2014-2015 TLA SEOP Grant Application

### Contact Information

Teacher Name:	
Teacher Email Address:	
Teacher Phone Number:	
School Name:	
Grade Level and Subject:	
Building Name and Address:	
School Phone Number:	

### Grant Request Information

You can request up to 3 separate events or activities on this form. If you have additional requests, please complete another form. Please order the items in your list, starting with the one you want most. For each event or activity, please provide the following information:

1. Name of Event or Activity
2. Quantity (# of items; i.e., microscopes or # of students, i.e., field trip) Note: SEOP will consider granting fees for a field trips, excluding transportation.
3. Rationale: Give a description of the project for which this item will be used; intended learning opportunities; related activities; and intended outcomes.
4. Budget (cost of items, including shipping if applicable) and timeline for project completion.

### Grant Request Item 1

Name of Event or Activity:	
Quantity (# of items, students, etc.):	
Rationale:	
Budget:	



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### Grant Request Item 2

Name of Event or Activity:	
Quantity (# of items, students, etc.):	
Rationale:	
Budget:	

### Grant Request Item 3

Name of Event or Activity:	
Quantity (# of items, students, etc.):	
Rationale:	
Budget:	



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### Feedback Agreement

In order to be eligible for a TLA SEOP Grant, you must also agree to provide TLA with feedback. Please read the following feedback agreement and sign below to complete the submission of your application. Additional information on the feedback requirement is available at [3lakes.com](http://3lakes.com).

I agree to provide feedback regarding the science education experiences that my students and I gained as a result of the grant I received from the Three Lakes Association Science Education Outreach Program 2014-2015. I understand that I will discuss all the items that I receive, how I employed them and to what benefit for my students. I also understand that the feedback deadline is June 21, 2015. The feedback agreement also applies to those teachers who take their classes on the ISEA Schoolship Excursion.

Submitted by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out and print this form. When it is complete, please return it to:

Patricia Roush  
3487 N. E. Torch Lake Dr.  
Central Lake, MI 49622