



2010 Bright Ideas

Grant Application
Energizing Innovative Lessons



This Section For Office Use Only	
Grant Number	_____
Date received	_____
Required signatures	_____
Meets word limits	_____
No materials attached	_____
Amount requested	_____
Amount funded	_____

READ! READ! READ!

- Please do not include the name of your school, school mascot, county, or any member of your team in parts 2, 3 or 4.
- YOU MUST USE THE 2010 FORM ONLY. All applications must be typed.
- Do not attach any supplementary materials.
- Grants are for up to \$1,000 and should be used within 18 months of awarding.
- Grants will be awarded to public and private school teachers teaching students in grades K-12 in Williamsburg, Georgetown, Clarendon and lower Florence counties.
- Grants are for classroom projects, not professional development.
- All grant recipients are required to submit a report on the outcome of grant project.
- Teachers may only be an applicant or team member of one project per school year.
- Applicants must adhere to word limits.
- Applicants and team members (please limit to four) agree that their name, photo and project may be used in print, broadcast and other forms of media in publications of publicity of Santee Electric Cooperative.
- All applications must be received at Santee Electric Cooperative by Monday, Sept. 20, 2010.

Failure to follow rules will automatically disqualify application.

Part 1 of 4 – Applicant Information

Teacher Applying for Grant
(First and Last Name) _____

Title of Proposed Grant Project _____

School Where Teacher Works _____

Grade(s) Applicant Teaches _____

School Mailing Address _____

School Street Address _____

School City, State, Zip _____

School Phone Number _____

School Fax Number _____

Applicant's Home Phone Number _____

Applicant's Home Mailing Address _____

Applicant's Home City, State, Zip _____

Applicant's E-Mail Address _____

Part 1 of 4 Continued

Team Member(s) Name (First, Last Name) (please limit to four)	Signature of Team Member (Required)

Principal Support (Required)

I support this application and would support the project’s implementation at my school.

Name (First and last name) _____

Signature (Please use ink pen.) _____

Date _____

Applicant Agreement

I am a certified teacher in a South Carolina K-12 public or private school in Williamsburg, Georgetown, Clarendon and lower Florence counties. This is the only application I have submitted. Neither I nor any of my team members are part of another grant application. I will use this grant, if awarded, for students in grades K-12. I agree, if I win, to submit a report about the grant’s outcome. I also agree that my name, photo and information about the grant may be used in publications by Santee Electric Cooperative without compensation to me or my team members.

Signature (Please use ink pen.) _____

Date _____

Part 2 of 4 – Project Overview (Please do not include the name of your school, school mascot, county, or any member of your team.)

Project Name _____

Curriculum areas _____

Amount requested _____ Minimum needed to do project _____

Number of students to benefit from project _____

Will items purchased be used for more than one school year? _____

Does project involve teamwork? _____ If so, how many team members? _____

Part 3 of 4 – Project Overview (Please do not include the name of your school, school mascot, county, or any member of your team.)

Project summary – Give an overview of project. (Limit 250 words.)

Part 3 of 4 – Continued (Please do not include the name of your school, school mascot, county, or any member of your team.)

Innovation – Describe the innovative, creative elements of project. (Limit 100 words.)

Goals – What are your goals for this project? (Limit 100 words.)

Implementation – How will you implement this project? (Limit 100 words.)

What benefits will this provide students? (Limit 100 words.)

