

## **THE KAREN COX MEMORIAL GRANT PROGRAM**

The Montana Professional Teaching Foundation is pleased to announce its first grant program for classroom assistance available to all Montana public school employees. This grant program is named after one of Montana's great educators, Karen Cox, who lost her life doing what she loved, working to improve education. She took seriously her opportunities to support her fellow teachers, and therefore it is fitting that this grant program be named in her honor.

**Eligibility:** All Montana public school employees are eligible to apply for funding.

**Deadline:** Grant applications must be received by December 2nd. Grants will be awarded on or as close to December 31<sup>st</sup> as possible each year.

**Project Purpose:** Because needs vary so widely among educators and employees of public schools, proposals may be written for any classroom supplies, technology, or innovative materials that will benefit the classroom education of Montana's schoolchildren.

### **Grant Guidelines:**

1. **Description:** This section should include goal(s) and objective(s). Briefly describe how the project will meet the stated goals and objectives.
2. **Timeline/How Funds will be Spent:** Use this section to describe when the activities/purchases will take place. Provide a summary of how funds will be spent and where materials will be purchased.
3. **Amount of Funding Request:** Use this section to state the amount of funding you are seeking. (Maximum \$500 per applicant).
4. The appropriate school official must sign the application form before it is submitted. Unsigned applications will not be considered for funding. **All applications must be typed.**

**Submit Proposals to:** Donna Graveley, Administrator  
Karen Cox Memorial Grant Program  
Montana Professional Teaching Foundation  
1232 E. 6<sup>th</sup> Ave.  
Helena, MT 59601

Funds must be used for the project described in the grant application.

**Application follows on next page:**

**MONTANA PROFESSIONAL TEACHING FOUNDATION  
KAREN COX MEMORIAL GRANT APPLICATION**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Grade(s) Taught: \_\_\_\_\_  
(grades of students benefiting from this grant)

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Project Description:**

**Timeline/How Funds will be Spent (where the materials will be purchased):**

**Amount of Funding Requested:** \_\_\_\_\_ (maximum \$500)

By signing below, I certify that the awarded funds will be used in the manner described in this proposal. I agree to provide a summary of what was accomplished with the grant, how the grant was expended and proof of materials purchased to the Foundation within 60 days of this grant award. Any employee of a Montana public school is eligible to apply. (Use blue ink when signing. Sign hard copy of application and mail.)

\_\_\_\_\_  
Applicant's Signature

(Date)

\_\_\_\_\_  
Appropriate School Official

(Date)

\_\_\_\_\_  
Title

For MPTF use only: School Dist. Tax ID \_\_\_\_\_