



EDUCATE. ENRICH. EMPOWER!

Professional Enrichment Grant Application

This branch has been created to encourage continuing education for our teachers and administrators in the Manalapan-Englishtown School District. Such continuing education programs may include off-site seminars for related curriculum or presentations offered to teaching and administrative staff on-site to further enhance the students' educational experience.

All applications must be presented by the school's administrator.

Applicant Name: _____ **Date:** _____

Position in the School District: _____

School/ Grade: _____

Phone Number/ Email: _____

Total Amount Requested: _____

1. Proposal Synopsis: (Briefly describe your grant proposal.)

2. Enrichment Program Description:

3. Professional Objectives:

4. Educational Impact:

How will the professional enrichment impact the district's curriculum and be utilized by others in the district?

How will students benefit from this enrichment?

Please provide information (brochures) about this enrichment program and the website (if available).

5. Enrichment Timeline: When will this enrichment take place?

Clearly state how you will measure and/or observe the effectiveness of your enrichment.

6. Proposal Budget: (Please provide a specific cost breakdown and copies of supporting documentation which includes pricing. Attach on separate sheet if necessary.)

Signatures: All staff members wishing to attend proposed professional enrichment seminar(s) or workshop(s) must sign this application. **The Foundation does not offer any stipends.**

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Administrator's Name: _____

Signature: _____ **Date:** _____

For Foundation Use Only	
Date Submitted _____	FMERS Approval Date _____
Approval Amount _____	BOE Approval Date _____
Disbursement Date _____	
Type of Grant: _____ Technology _____ Classroom _____ Artists _____ Growing _____ Health	