

REDLANDS EDUCATIONAL PARTNERSHIP
&
THE PHYSICIANS OF THE BEAVER MEDICAL GROUP
GRANTS FOR TEACHERS

APPLICATION

"Get Your Gear"

Grant for **E**lectronic **A**dvancement **R**esources

Teacher Name: _____ Grade Level/Subject: _____
School Name: _____ Amount Requested: _____

Program Description:

Please give a brief (3-5 sentences) description of what the money will be used for, i.e., technology for distance teaching, supplies, manipulatives, etc.

Check which category this project fulfills:

Technology ____ Arts ____ Math ____ Science ____ Other _____

Contact Information:

Email: _____ Cell Phone: _____

Address: (where check should be sent)

____ I understand all materials purchased become the property of the Redlands Unified School District

Applicant's Signature/Date

Principal's Signature/Date

Email your completed application and any questions to Linda Macleod, REP Grants Chairperson, at CaptLinda@hotmail.com