

REDLANDS EDUCATIONAL PARTNERSHIP
&
THE PHYSICIANS OF THE BEAVER MEDICAL GROUP
GRANTS FOR TEACHERS 2021-22 APPLICATION

Applicant's Name: _____ **Grade/Level/Subject:** _____

Name of School: _____ **Email:** _____

Cell Phone: _____

What Will Grant Funds Be Used to Purchase?:

Please write three to five sentences describing **specifically** what the Grant funds will be used on such as manipulatives, supplies, calculators, books, etc. Teachers may also pool funds for field trips or items that will be shared within classrooms. If you need more space, please add a second page.

Check Which Category Best Describes Your Request:

Technology ____ **Arts** ____ **Math** ____ **Science** ____ **Other** ____

Address Where Check Should Be Mailed:

Please Initial:

I understand all materials purchased with Grant funds are for the **2021-2022** school year and become the sole property of Redlands Unified School District. _____

I understand all Grant checks must be cashed within **60** days of receipt. _____

I understand I must email the **Grant Evaluation** and **receipts** for purchase(s) made with Grant funds to Linda Macleod, Grants Chairperson, not later than **March 1st, 2022** at CaptLinda3264@gmail.com. _____

I understand that my failure to email receipts and my Evaluation by **March 1st, 2022** will result in future disqualification. _____

Applicant's Signature & Date

Principal's Signature & Date

Email completed applications to Linda Macleod, Grants Chairperson, at CaptLinda3264@gmail.com. Illegible or incomplete applications will be tossed without explanation or notification.