

THE ARIZONA STUDY PROGRAM
JANICE McCURNIN
TEACHER ENRICHMENT GRANT PROGRAM
APPLICATION FORM

Name _____ Phone () _____

Address _____

Are you currently teaching? ___ Yes ___ No

How long have you been teaching? ___ Year(s)

Please list the number of students you have had evaluated in the Arizona Study Program in each of the five (5) required years.

Year	# of Students
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please enclose a separate sheet listing your participation or offices held in your local association and/or ASMTA.

Please check the grant for which you are applying.

Private Study Grant

Anticipated Cost \$ _____

Teacher's Name _____

Address _____

Collegiate Coursework / Special Project Grant

Anticipated Cost \$ _____

Name of Institution _____

Address _____

Name and Brief Description of Course(s) or Special Project: Courses may include workshops, master classes, summer courses, and evening courses. (Please attach separate sheet, if necessary.)

Approximate date on which you will begin study _____

Approximate date on which you will end study _____

Application materials must be completed in full and sent to: *Carol Hill, Chairman, ASP Review Committee* (see directory for address). Application materials must be postmarked no later than March 1. Application materials postmarked after this date will not be considered. The following materials are required: *Application form; Applicant letter; Letter of recommendation; All other attachments (as required by this application)*. Incomplete applications will not be processed.

Applicant's Signature

Date