

ROCHESTER COUNCIL OF SCIENTIFIC SOCIETIES, INC.
R C S S
MINIGRANT APPLICATION FORM

(PLEASE TYPE OR PRINT CLEARLY)

APPLICANT'S NAME _____ GRANT AMOUNT _____
SCHOOL DISTRICT _____ GRADE LEVEL(S) _____
SCHOOL NAME _____ HOME PHONE _____
SCHOOL ADDRESS _____ ZIP _____
CITY _____ SCHOOL PHONE _____
SUPERVISOR'S NAME _____ E-MAIL _____
PRINCIPAL'S NAME _____ FOR: MATH _____ SCI _____ TECH _____

PURPOSE OF THE GRANT: (In the space provided, give a brief description of your needs. Include in your description statements consistent with the information on page one.)

Upon completion of the project I plan to submit a report to RCSS giving an accounting of the grant money, the number of students served and how it improved science/math instruction and student achievement. Included with the results obtained I will offer suggestions about how to improve the grant project. This will be submitted six months from the receipt of the grant or by the end of the school year.

Signed: _____ Date: _____

Mail to: RCSS
PO BOX #92564
ROCHESTER, NY 14692-0564
e-mail: wabrewer@ieee.org

Due by 31st day of:
October January