

# ALTOONA AREA SCHOOL DISTRICT FOUNDATION

## Educator in Residence Application

**Directions:** Please review Educator in Residence Guidelines before completing this application. They can be found on the Internet under **FOUNDATION GOALS**.

You have three options for completing this form:

1. Write or type all of the information on this application.
2. Type all of the information on a separate sheet and staple it to this application.
3. Pull up the form on the Intranet (under **Employee Programs**) or the Internet (under **Foundation/Goals**). Follow the instructions for filling out this application online. Print the completed form and mail it to the Public Relations Office before the stated deadline.

\_\_\_\_\_  
APPLICANT(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
PROJECT TITLE

\_\_\_\_\_  
GRADE LEVEL/DEPARTMENT

\$ \_\_\_\_\_  
BUDGET REQUEST

1. List the name of the person or group you are proposing as an Educator in Residence. Attach a resume or informational brochure if possible.

2. What are your objectives for this residency?

3. Briefly describe what the Educator in Residence will be doing when visiting your school or classroom?

4. Specifically identify the audience that will benefit from this program. Be sure to include the number of students, teachers, parents, etc.

5. What will it cost to fund this program? Present your budget. Be sure to list all necessary expenses including lodging, travel, honorarium, meals, etc. (**Note: The maximum amount of an Educator in Residence grant is dependent on the scope of the project and the grant money available.**)

6. Do you have any sources of matching funds? \_\_\_\_\_ If the answer is yes, list the source and the amount.

7. List possible dates for this residency.

**Educator in Residence applications will be considered for funding TWICE during each school year. The deadlines for submitting proposals are October 3 and January 2. It is permissible to request a grant for the next school year.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DEPT. HEAD SIGNATURE (Secondary)

\_\_\_\_\_  
BUILDING PRINCIPAL SIGNATURE

Return this application to: **Thomas M. Bradley, Executive Director**  
**AASD Foundation**  
**AAHS-Administrative Wing**  
**1415 Sixth Avenue**  
**Altoona, PA 16602**