



**Capital Educators**  
 Federal Credit Union  
 For you. Not for profit.

**TEACHER GRANT OF THE MONTH**  
**APPLICATION DEADLINE: 10<sup>TH</sup> OF EACH MONTH**  
**PLEASE REVIEW THE APPLICATION INSTRUCTIONS**

❖ Date of Application: \_\_\_\_\_

❖ Name of Teacher: \_\_\_\_\_

❖ School: \_\_\_\_\_

❖ General Classification  Public  Private  Parochial  Charter

❖ Grade Level & Content Area: \_\_\_\_\_

❖ School Address: \_\_\_\_\_

❖ Phone Number: \_\_\_\_\_

❖ Your Email: \_\_\_\_\_

❖ How did you hear

- About this program?**  School Administration  Ed. Assoc.  Co-Worker  Parents/PTA  Teacher Event  
 (List as many ways as  TV  Radio  Newspaper  Family/Friend  
 you can recall)  CapEd Branch Visit  CapEd Website  CapEd Rep Visit  CapEd Flyer/Newsletter

Other \_\_\_\_\_

❖ Principal Signature of Support (REQUIRED)

Principal Signature \_\_\_\_\_





PROJECT DETAILS (continued)

❖ Will this project be unique and innovative? If so, how?

---

---

---

---

---

---

---

---

---

---

---

❖ How will this project enhance the District/State curriculum you are teaching this year?

---

---

---

---

---

---

---

---

---

---

---