

## Application Bright Ideas Education Grant Program for Teachers

**Purpose:** The Bright Ideas program is designed to financially support classroom projects for which funding is currently unavailable.

Eligibility: Applicant must be a Georgia certified teacher. Teacher may apply for one grant per school year.

**Grant Limit:** Projects are open to all subjects and may be funded up to \$2,000.

**Selection Criteria:** Projects must provide a creative learning experience for students, benefit and directly involve students, contain a clearly defined plan of implementation and encourage teamwork among students.

**Grant Awards:** Grants must be used within current school year. Applicants are required to submit a final report about the grant and winning teachers agree to give Washington EMC the right to use their name, photo and information about the grant in publicity.

**Deadline:** All applications must be completed and received by Washington EMC on or before October 14, 2022. Applications received after the deadline will not be considered.

**Program Coordinator**: Chad Davis, VP Finance & Administration

Washington Electric Membership Corporation

258 N Harris St

Sandersville, Ga 31082

Phone: 478-552-2577 ext. 817

Email: c.davis@washingtonemc.com

Please read carefully before completing!

Applications will not be considered if instructions are not followed completely.

- Do not include your name, the name of your county or school on pages 2, 3, or 4.
- You must use this form.
- Please adhere to the word limits.
- Do not attach any supplementary materials



About your project: (Please do not include your name, the name of your county or school.)

Project Name	
Curriculum Areas _	
Grade Level	
Amount Requested _	
Minimum needed to fund project _	
Number of students to benefit from project_	
Will items purchased be used for more than one school year?	

## **Project Overview:**

Summary – give an overview of the project (Limit 150 words)



Creativity – Describe the creative elements of the project. (Limit 100 words)

Goals – What are the goals and objectives for students? (Limit 100 words)

Implementation – How will you implement this project? (Limit 100 words)



Benefits – What are the immediate and/or ongoing benefits this project will provide students? (Limit 100 words)

## **BUDGET**

Itemized Project Budget (required)

Item Needed	Quantity Needed	Unit Cost	Total Cost	Required? Y/N		
	Treeded			1/11		
<b>Total Project Cost (plea</b>	\$					
Will you accept partial funding? If so, how much						
If you receive partial funding, how will you fund the rest of your project?						



## **Applicant Information**

Teacher Applying for Grant	(first and last name)		
Title of Grant Project			
Name of School Where Tea	cher Works		
Grade(s) Applicant Teaches	3		
School Mailing Address			
School Street Address			
School City	State	Zip	
School Phone Number			
School Fax Number			
Applicant's Email Address			
Applicant's Signature			
School Principal's Signature	e		
Applicant Agreement			
I am a Georgia certified t current school year. I agree agree that my name, photo a EMC without compensation	e, if I am selected, to submand information about the	nit a final report about th	ne grant's outcome. I also
All applications must be received 552-2577 ext. 817, or email c.davi		tober 14, 2022. For more	information, please call 478-

Mail or email completed application to: Program Coordinator at information provided on page 1.

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