



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 September 12, 2025. Applications received after the deadline will not be considered.

Program Coordinator: Parrish C. David, Member Relations/Communications Coord.

Washington Electric Membership Corporation

258 N Harris St

Sandersville, Ga 31082

Phone: 478-552-2577 ext. 818

Email: p.david@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 bused for more than one school year?	

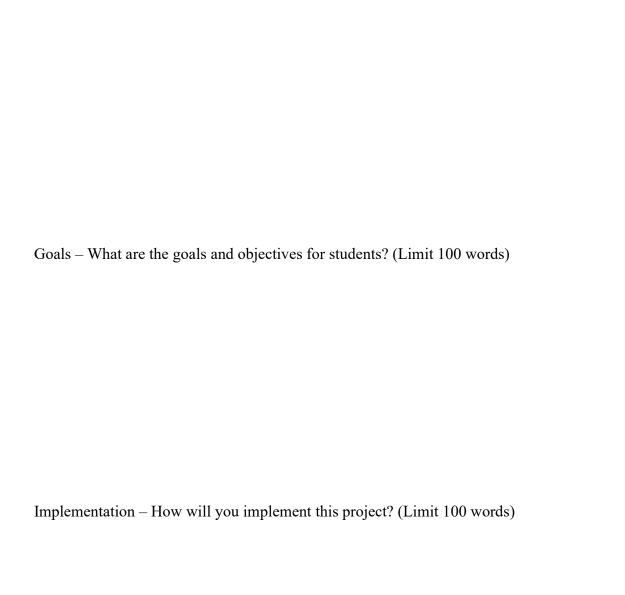
Project Overview:

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





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







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

BUDGET				
	Iter	nized Project Budge	et (required)	
Item Needed	Quantity Needed	Unit Cost	Total Cost	Required? Y/N
Total Project Cost (plea	so ostimato t	atal cost to the nee	rost whole dellar)	
Total Project Cost (piea	se estimate t	otal cost to the nea	rest whole donar)	\$
Will you accept partial fu If you receive partial fund			of your project?	





Applicant Information

Teacher Applying for Grant (first and last name)
Title of Grant Project
Name of School Where Teacher Works
Grade(s) Applicant Teaches
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
Applicant Agreement
I am a Georgia certified teacher. This is the only Bright Ideas application I have submitted for the current school year. I agree, if I am selected, to submit a final report about the grant's outcome. I al agree that my name, photo and information about the grant may be used in publications by Washing EMC without compensation to me or the school.

All applications must be received by Washington EMC by September 12, 2025. For more information, please call 478-552-2577 ext. 818, or email p.david@washingtonemc.com.

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