



**WashingtonEMC**

A Member-owned Electric Cooperative



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 1, 2026. 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



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**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)



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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)



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**Bright  
Ideas**  
EDUCATION GRANTS

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?<br>Y/N |
|-----------------------------------------------------------------------------|-----------------|-----------|------------|------------------|
|                                                                             |                 |           |            |                  |
|                                                                             |                 |           |            |                  |
|                                                                             |                 |           |            |                  |
|                                                                             |                 |           |            |                  |
|                                                                             |                 |           |            |                  |
|                                                                             |                 |           |            |                  |
|                                                                             |                 |           |            |                  |
| Total Project Cost (please estimate total cost to the nearest whole dollar) |                 |           |            | \$               |

Will you accept partial funding? If so, how much \_\_\_\_\_

If you receive partial funding, how will you fund the rest of your project? \_\_\_\_\_

\_\_\_\_\_



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**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 also agree that my name, photo and information about the grant may be used in publications by Washington EMC without compensation to me or the school.

*All applications must be received by Washington EMC by September 1, 2026. For more information, please call 478-552-2577 ext. 818, or email [p.david@washingtonemc.com](mailto:p.david@washingtonemc.com).*

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