**National Council of Supervisors of Mathematics**

**Mathematics Education Trust (MET)**

**Proposal Cover Form**

2019-2020 NCSM-MET Grant Award

**Teacher-Leader Professional Learning Grant**

**How to use this form:** Please furnish all requested information. After completing this form, please save the document, then print and sign. This form serves as the cover pages of your proposal. Completed proposals (**as one PDF document**) must be submitted electronically to [AwardsChair@mathedleadership.org](mailto:AwardsChair@mathedleadership.org) by 11:59 PM PST on November 1, 2019.

**No mailed or** **faxed copies will be accepted.  Duplicate or revised applications will not be considered.**

**Lack of applicant signatures will automatically disqualify the proposal.**

1. **Where did you hear about this grant?**

Click or tap here to enter text.

1. **What is the title of your proposal?**

Click or tap here to enter text.

1. **Please write a brief abstract** (not to exceed 150 words) outlining the objectives of your proposal.

(*NOTE: Abstracts of winning proposals will be published*.)

Click or tap here to enter text.

**Teacher-Leader Professional Learning Grant**

**Amount Requested:** Click or tap here to enter text.

**PRIMARY APPLICANT PERSONAL INFORMATION**

**Title:** Choose an item. **First Name:** Click or tap here to enter text. **Middle:** Click or tap here to enter text. **Last Name:** Click or tap here to enter text.

**Home Phone:** Click or tap here to enter text. **School Phone:** Click or tap here to enter text.

**Preferred Email Address:** Click or tap here to enter text. **Fax Number:** Click or tap here to enter text.

**Home Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State/Province:** Click or tap here to enter text. **Zip/Postal Code:** Click or tap here to enter text.

**Current teaching level (check all that apply):**

Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

**Number of years teaching mathematics:** Click or tap here to enter text.

**School Name:** Click or tap here to enter text. **School Type:** Choose an item.

**School Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State/Province:** Click or tap here to enter text. **Zip/Postal Code:** Click or tap here to enter text.

**School’s homepage (if available):** Click or tap here to enter text.

**NCTM Membership Number:** Click or tap here to enter text.

**AND/OR**

**Last NCSM Membership Renewal (Month/Year):** Click or tap here to enter text.

**Signature Required** (*Lack of an applicant’s signature will automatically disqualify the proposal.*)

I grant permission to use my name, project description and photographs for publication purposes

**Signature: Date:**

**CO-APPLICANT PERSONAL INFORMATION**

**Title:** Choose an item. **First Name:** Click or tap here to enter text. **Middle:** Click or tap here to enter text. **Last Name:** Click or tap here to enter text.

**Home Phone:** Click or tap here to enter text. **School Phone:** Click or tap here to enter text.

**Preferred Email Address:** Click or tap here to enter text. **Fax Number:** Click or tap here to enter text.

**Home Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State/Province:** Click or tap here to enter text. **Zip/Postal Code:** Click or tap here to enter text.

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