



March of Dimes
Birth Defects Foundation

New York State Chapter
515 Madison Avenue, 20th Floor
New York, NY 10022
Telephone (212) 353-8353
Fax (212) 254-3518

15th Annual Teacher's Award Project

Application

Submission Date: January 30, 2009

Please type.

Date: _____ Amount Requested: _____

Check project grade level: **Level 1: 11th – 12th grade** **Level 2: 9th – 10th grade**

School: _____

Mailing Address: _____

City

State

Zip code

Teacher: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

Title of Proposed Project: _____

Project Abstract: _____

I have read and understand the 15th Annual Teacher's Award Project Guidelines and application. I agree to adhere to the Award Project specifications outlined within.

Signature and typed name of teacher applicant

Date

Signature and typed name of school principal

Date

Checks are made payable to the school, only:

If additional space is required please attach pages.

General Description of School

1. School type (public, private or parochial and any specific focus, e.g., arts, health, vocational):

2. Student population (number, neighborhoods of residence):

3. Targeted students (year, class in which enrolled, current course of study):

4. Science department (size of faculty, type and number of classes taught, special focus areas, special equipment, access to outside facilities such as hospitals or colleges):

Project Objectives

Please describe the project objectives, both short-term and long-term. Relate these to your own interests as well as those of your students.

Project Content

Please describe your plan to achieve your stated objectives.

- What makes the project components useful and effective?
- Is your proposed project new or innovative in any way?
- What are the major student activities/assignments of the project?

Evaluation

How will you evaluate the effectiveness of this project in reaching the objectives?

Budget Submit a budget listing anticipated expenses.

Attachments Attach a résumé of teacher and a letter of support from the school principal.

Completed applications must be received by **January 30, 2009.**

You can Mail, Fax or Email to:

Madeline Britt
Program Coordinator
March of Dimes New York State Chapter
515 Madison Avenue, 20th Floor
New York, NY 10022

Tel: 212-353-8267 Fax: 212-475-2972 Email: mbritt@marchofdimes.com