

Science Teachers Association of New York State, Inc. Foundation Grant for Science Students APPLICATION

PLEASE PRINT PART 1

Name of Applicant:

Present Grade: Date of Birth:/...../.....

Home Address

Phone Number: (.....) FAX #: (.....)

Email Address:

School:

School Address:

Phone Number: (.....) FAX #: (.....)

In one or two sentences, describe the Grant Activity for which you are applying.

Grant Activity title:

Please check your grant application period:

..... Round 1: USPO postmarked by December 1 Round 2: USPO postmarked by May 1

Itemized cost of the Activity:

List the Name and Address of your Program Director and/or a possible contact person.

Parent/Guardian's Signature:.....

Teacher's Signature.....

Please send completed forms to:

Phil Childs
PO Box 233
Maine, NY 13802