

ROCHESTER COUNCIL OF SCIENTIFIC SOCIETIES, INC.
R C S S
MINIGRANT APPLICATION FORM

(PLEASE TYPE OR PRINT CLEARLY)

APPLICANT'S NAME _____ GRANT AMOUNT _____

SCHOOL DISTRICT _____ GRADE LEVEL(S) _____

SCHOOL NAME _____ HOME PHONE _____

SCHOOL ADDRESS _____ ZIP _____

CITY _____ SCHOOL PHONE _____

SUPERVISOR'S NAME _____ E-MAIL _____

PRINCIPAL'S NAME _____ FOR: MATH _____ SCI _____ TECH _____

PURPOSE OF THE GRANT: (In the space provided, give a brief description of your needs. Include in your description statements consistent with the information on page one.)

Upon completion of the project I plan to submit a report to RCSS giving an accounting of the grant money, the number of students served and how it improved science/math instruction and student achievement. Included with the results obtained I will offer suggestions about how to improve the grant project. This will be submitted six months from the receipt of the grant or by the end of the school year.

Signed: _____ Date: _____

Mail to: RCSS
PO BOX #92564

Due by 3rd Monday of:
October February

ROCHESTER, NY 14692-0564
e-mail: wabrewer@ieee.org

wab 03 March 2003