2019-2020 Flanagan Innovation in Mathematics Education 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 page of your proposal.

Title of Proposal:

Brief Abstract (not to exceed 150 words) outlining the objectives of your proposal. The abstract of the winning proposal will be published on the VCTM Website and in the VCTM Newsletter.

Target Population (e.g., Grade Band):

Amount Requested:

Primary Applicant Personal Information
The primary applicant will be considered as the project coordinator and will serve as the primary point of contact. The primary applicant must be a current VCTM member as of December 1, 2018.

Name (Mr./Mrs./Ms./Dr. First, Middle, Last):

Home or Mobile Phone Number:

E-mail Address:

Home Address:

School Name and Address:

School District Name:

Current Position:

Number of years teaching mathematics:

VCTM Membership Number:

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

Required Signature: Date:
Co-Applicant Personal Information

Name (Mr./Mrs./Ms./Dr. First, Middle, Last):

Home or Mobile Phone Number:

E-mail Address:

Home Address:

School Name and Address:

School District Name:

Current Position:

Number of years teaching mathematics:

VCTM Membership Number (optional for co-applicants):

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

Required Signature: _______________________________ Date: _______________________________

Co-Applicant Personal Information

Name (Mr./Mrs./Ms./Dr. First, Middle, Last):

Home or Mobile Phone Number:

E-mail Address:

Home Address:

School Name and Address:

School District Name:

Current Position:

Number of years teaching mathematics:

VCTM Membership Number (optional for co-applicants):

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

Required Signature: _______________________________ Date: _______________________________

(If there are additional co-applicants, please copy this page and supply the required information for each.)