



Georgia Association of Educators Foundation 2017 Best Practice Grant Application

Please complete the entire application (type in the spaces allowed or print legibly)

Name [first, middle, last]

Address

City, State, Zip

Telephone [home] [cell] [other]

Email [home]

Email [other]

Social Security Number Date of Birth

Currently Employed By School

Telephone Number Fax

Current Assignment/Grade Taught Preschool Elementary Middle High

Name of Current Supervisor/Instructor Telephone

Name of Principal Telephone

Georgia Teaching Certificate Identification Number

Number of students being impacted by this grant?

Have you previously been awarded a GAE Foundation Best Practices Grant? Yes No

List any financial assistance or other grants you have been or will be awarded for this projects [submit additional page if necessary]

Are you a member of the Georgia Association of Educators (required to receive award)? Yes No

By signing this application form, I certify that all information is true and accurate.

Signature Date

Checklist for scholarship application:

Application completed, signed and dated Best Practice project plan enclosed

Application packets must be **postmarked by February 1, 2017**. Mail or deliver to:

**Georgia Association of Educators Foundation
Attn: Grant Department | 100 Crescent Centre Parkway, Suite 500 | Tucker, GA 30084-7050**