



## Hillsborough Council Teachers of Mathematics

### 2017 – 2018 H.C.T.M. Professional Development Grant Application

#### COVER SHEET

Applicant 1: \_\_\_\_\_

School: \_\_\_\_\_

Teaching Position: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Applicant 2: \_\_\_\_\_

School: \_\_\_\_\_

Teaching Position: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Professional Development you plan to attend (Include Title, Dates, City, State of PD): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### Important Notes to remember:

- Each applicant must be a member of HCTM (either your school has a membership or you have an individual membership).
- If you are awarded the grant, you will be responsible for making your own travel arrangements. Some of the costs will be reimbursed after travel.
- This grant will cover registration fees for the PD, travel costs (airfare or mileage), and hotel costs if the PD opportunity would require it. Other expenses will not be covered. Combined costs (registration, travel, lodging) shall not exceed \$3000.
- This grant is a professional development opportunity for two teachers. One teacher must be a classroom teacher. The two teachers will share a hotel room if one is required (Please keep this in mind as you are making the decision to apply).
- HCTM will not be responsible for supplying or paying for substitute teachers
- Professional Development MUST be completed by May 15, 2018.

Send to Linda Pittman at Dunbar Elementary, Route 1, by March 2, 2018. Electronic submissions will be accepted, provided that a Cover Sheet with Principal signatures is also sent through school mail.



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## 2017 – 2018 Professional Development Grant Application

*Please remember: DO NOT write your name and/or school in any of your responses below. Teacher or school names in any response will result in disqualification.*

**1. Background Information**

Professional Development Title, Date(s), City and State: \_\_\_\_\_

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- School-wide Demographic Data
  
  - Background of students/teachers being impacted by this grant proposal

2. Why did you select this professional development opportunity?

3. How is this Professional Development going to impact other teachers at your school(s)?

4. How is this Professional Development going to impact student achievement?

5. How will you ensure the goals of this proposal are met?

**6. Estimated Budget:** Complete the table.

	Cost	Quantity	Price
Registration Fees	Per Person		
Travel (flight)	Per Person		
Travel (mileage)	Per Car		
Lodging	Per Night		
		Total Cost:	

\*\*\* If driving, mileage will be reimbursed at the county rate (currently \$0.42 per mile).

\*\*\*Take into account hotel taxes if lodging is required.

**Total Amount Requested** \_\_\_\_\_