

Grant Category

Indicate the grant category your application addresses. **Select only one category**, and follow the guidelines for that category.

- (1) Learning & Leadership (Individual or Group)
- (2) Student Achievement

Lead Applicant

Lead applicant: Ms. Mrs. Mr. Dr. Full name:

Home address:

City:

State:

Zip:

Home telephone:

NEA Membership Number or the last 6 digits of your *Social Security Number:

School/institution:

Work address:

City:

State:

Zip:

Work title:

Work telephone:

Work fax:

E-mail address:

For teachers, what do you teach? Subject(s):

Grade(s):

If applicable, what is the percentage of free and reduced school lunch students in your school?

Are you a member of the National Education Association (NEA)? Yes No

Are you a graduating NEA Student member with a signed teaching contract? Yes No

Are you a member of the American Federation of Teachers (AFT)? Yes No

Years work experience in education:

Fiscal Agent

Grants payable to individuals will be reported to the Internal Revenue Service and may be considered taxable income. For approved applications, The NEA Foundation will make the grant payable to the lead applicant unless you designate a fiscal agent in this section. Grant funds may not be used to pay indirect costs.

Name of the organization serving as fiscal agent:

Address:

City:

State:

Zip:

I agree to act as fiscal agent for this grant and to comply with the following conditions:

- to maintain separate records of disbursements related to this grant
- to disburse funds:
 - (1) in accordance with the purpose of this application
 - (2) solely at the direction of the grantee(s)
- to keep receipts for at least three years
- to make financial records available as requested

Signature of an authorized representative of the organization: _____

Please print or type the name of the authorized representative: _____

Required Signatures

Lead applicant's signature: _____ Date: _____

Principal or dean's signature: _____ Date: _____

*The last six digits of the Social Security Number are needed to verify NEA membership.

Please **type**. This section **must be completed** if you are applying for a *Student Achievement Grant* or a group *Learning & Leadership Grant*. Please provide information for only one partner.

Partner Info

Partner name:

Home address:

City:

State:

Zip:

Home telephone:

NEA Membership Number **or** the last 6 digits of your *Social Security Number:

School/institution:

Work address:

City:

State:

Zip:

Work title:

Work telephone:

Work fax:

E-mail address:

For teachers, what do you teach? Subject(s):

Grade(s):

If applicable, what is the percentage of free and reduced school lunch students in your school?

Are you a member of the National Education Association (NEA)? Yes No

Are you a graduating NEA Student member with a signed teaching contract? Yes No

Are you a member of the American Federation of Teachers (AFT)? Yes No

Years work experience in education:

The last six digits of the Social Security Number are needed to verify NEA membership.