

TEXAS ART EDUCATION ASSOCIATION GRANT APPLICATION



Deadline: June 1, 2017

Name: _____

Address

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Current Position: _____

Years at this Position: _____

Name of Institution: _____

Address of Institution:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Total Years Teaching Experience: _____

Grades/Levels Taught: _____

Highest Degree Held: _____

and/or Hours Toward Next _____

Section II

Amount of Funds Requested: \$ _____ (total from III-E below)

Section III (use additional paper if necessary)

A. Title and General Description of Project:

B: Anticipated Outcomes:

C. Timeline:

D. Itemized Budget:

E. Projected Title for Workshop at Conference:

Email to info@taea.org, fax to 972-490-4219, or

mail to:

TAEA

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Dallas, TX 75244