

AriZona Professional Educators Classroom Improvement Mini-Grant & Professional Growth Scholarship Application

Submit four (4) copies of your application with this completed coversheet attached to each copy.

Mini-Grant / Scholarship (please circle one applying for)

- Applicant's

Name: _____

- Mailing

Address: _____

City _____ Zip _____

- Applicant's E-Mail

Address: _____

- Home Phone: (____) _____ School Phone:

(____) _____

- Name of

School: _____

- Mailing

Address: _____

City _____ Zip _____

- School

District: _____

- Principal _____ Phone:

(____) _____

- Your Grade

Level/Subjects: _____

- Total Amount of Request (\$): _____

- Number of Students: in Class _____ in School: _____

- How did you hear about the AZPE Mini-Grant/Scholarship program?

Application Deadline: for the Fall review is **October 31**; for the Spring review is **March 31**

I certify that, if selected, I will use the Mini-Grant or Scholarship funds awarded only for the purposes approved by AZPE, that I will provide all requested documentation in a timely manner, and that I will comply with all AZPE, district, Arizona, & federal policies, statutes, and laws that apply to the use of the funds awarded. I further agree that my name, photos, information provided in my application, & "success story" may be used in AZPE newsletters, AZPE websites and in local newspapers.

Signature _____ Date _____

PLEASE SEND APPLICATION TO: **Arizona Professional Educators**
 1307 E. Southern Ave. Suite 204
 Mesa, AZ 85204

Call 480-503-2737 or e-mail azpe@azpe.org if you have any questions.