

# Association of Mathematics Teachers of New Jersey 2007-2008 Mini-Grant Application

## Mathematics Teaching & Learning /Technology/NJ Standards/ Mathematics Competitions/Making Mathematics Accessible to all Students

In order to assist local groups in meeting to discuss mathematics education issues or other activities designed to promote excellence in mathematics, AMTNJ has made available mini-grants in amounts up to \$200 to support such activities. This year's mini-grants will be awarded for single or multi-district coordination activities as listed above. Funds will be distributed as applications are received until a total of \$600 has been appropriated.

**Please Type or Print Clearly**

Name of Applicant _____	Date _____
Address _____	
_____	Home Phone (____) _____
Position _____	Organizing Group _____
School District _____	County _____
School Name _____	
School Address _____	
_____	School Phone (____) _____

1. Title of Activity \_\_\_\_\_

2. Need: Describe the need for the Activity. Be specific.

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

3. Objective: Describe what you hope to accomplish. Use motivational and/or behavioral objectives.

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

4. Activities: Describe what you will do. Indicate who, what, when, where, and how.  
Be sure the activities are related to the objective(s).

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

5. School District(s) Involved \_\_\_\_\_

6. Approximate Date(s) of Activity \_\_\_\_\_

7. Funds Required \_\_\_\_\_ Make Check Payable to \_\_\_\_\_  
(Maximum of \$200)

Please give a brief explanation of anticipated expenditures. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I am awarded the Grant for the Activity described, I agree to submit a brief summary within 60 days of the completion of the Activity. The summary should include: 1) Agendas, 2) Number of participants, 3) Allocation of funds, 4) Evaluation of your Activity in relationship to the objectives, 5) Recommendations for improvements/extensions/future activities, 6) Copies of materials developed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to AMTNJ Mini-Grants c/o Robert Cunningham, PO Box 548, Bryn Athyn, PA 19009.