



STUDY GRANT APPLICATION

Name: _____

Social Security Number: _____

NCSTA Membership Number _____ Expiration Date _____

Address: _____

Email: _____

Phone: _____

School: _____

Employer: _____

Please attach an explanation of how funds will be spent.

Total budget amount requested from NCSTA: _____

Description	Amount
_____	_____
_____	_____

Please attach a description of the principle budget items and estimated total cost.

If awarded a grant, I agree to abide by the general guidelines of the grant (see ncsta.org/grants). I understand that all funds are non-transferrable.

Signature of Applicant

Date

Send application form and a summary of your proposal including information concerning individuals involved and anticipated benefits to classroom instruction.

Deadlines: March 15, June 15, September 15 or December 15

Sharon Hughes SciEdu4all@ec.rr.com
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