

Kentucky Education Association Aspiring Educator State Grant
Membership Application 2019-2020

Chapter Name _____

President's Name _____

E-Mail Address _____

Advisor's Name _____

Advisor's E-Mail Address _____

Goal(s) for Training:

Description of the trainings to be offered:

Expected Outcomes of the Training:

Collaborating Partners (other SP Chapters, KEA Members or KEA Retired, community groups)

Professional Development Date:

Budget:

What other monies/resources have you received to fund this project?

Amount requested from KEA-SP (Maximum is \$250 per chapter):

_____ President's Signature _____ Advisor's Signature

PLEASE NOTE: An evaluation of this project is required by May 31, 2019. Grants must be approved prior to the project date. Please remember the KEA Board of Directors' policy prohibiting purchases from Wal-Mart. Return to louann.flanagan@kea.org