CTA GLBT "Guy DeRosa" Safety in Schools Grant and Scholarship Program

Application Form

(All applicants must complete this page)

Part 1 – To Be Completed by CTA/SCTA Member

Name of CTA/SCTA Member_____

CTA/SCTA Membership Number _____ (For verification purposes only)

School Name_____ District_____

School Address_____ City, Zip _____

Home Address_____ City, Zip _____

Home Phone_____Email Address_____

CTA/SCTA Local Chapter _____

- ☐ Sponsoring CTA/SCTA member
- ☐ CTA/SCTA member

Check (√) Grant Category	**Check (√) Scholarship Category**
☐ Gay Straight Alliance Project or Presentation	☐ Credential Candidate Scholarship Fund
☐ Public School Project or Presentation	➢ Fill out Scholarship Application (Page 6)
➢ Fill Out Grant Application (Page 5)	

Grant and Scholarship Program Rules:

1. Applications for the Grant and Scholarship Program must be postmarked by **February 8, *2013***.
2. **APPLICATIONS THAT DO NOT MEET ALL REQUIREMENTS WILL NOT BE CONSIDERED.**
3. Grant proposals and scholarship essays are limited to two pages only (Maximum of front and back of one page OR front only of two pages.)
4. All grant/scholarship attachments **must** be double-spaced, on 8½" x 11" paper, 1" margins, 12 pt. font (either Arial or Times Roman).

Signature of CTA/SCTA member _____ Date _____

Applications must be postmarked by **February 8, 2013:**

CTA GLBT "Guy DeRosa" Safety in Schools Grant and Scholarship Program
Human Rights Department
1705 Murchison Drive
Burlingame, CA 94010

CTA GLBT "Guy DeRosa" Safety in Schools Grant and Scholarship Program

Grant Application Form

(Grant applicants must complete this page)

Part 2 – Name of CTA/SCTA Member: _____

Check (√) All Grant Criteria Addressed by Project

- ☐ Increases safety for GLBT students and faculty.
- ☐ Increases involvement of GLBT ethnic minorities.
- ☐ Promotes collaboration with straight allies.
- ☐ Increases awareness and understanding of gender identity.
- ☐ Increases awareness and understanding of the GLBT community.
- ☐ Grants can not be used for individual/group release time.

*

☐ **Individual Project** ☐ **Group Project** _____

Name of Organization

Name of organization to issue check to:
(Pick one only)

☐ Member _____

☐ GSA/School Site Name _____

Describe your project and how it addresses the Grant Criteria. Grant proposal must be:

- Limited to 2 pages only (Maximum of front and back of one page OR front only of two pages.)
- Double spaced
- On 8 ½" x 11" paper
- 1" margin
- 12 pt. font (either Arial or Times Roman)

* Award recipients must submit a status report on or before October 1, 2013, and will be asked to show how the money was used.