

MIND THE GAP: K-16 PARTNERSHIP PROJECT GRANT APPLICATION FORM



Centre for Excellence in
Learning and Teaching
805 TRU Way
Kamloops, BC, Canada
V2C 0C8
tru.ca

SECTION A - TRU FACULTY INFORMATION

Applicant Name: _____ Position: _____

Department: _____ E-mail: _____

SECTION B - ADDITIONAL APPLICANTS

Applicant Name: _____ Position: _____

School/Location: _____ E-mail: _____

Applicant Name: _____ Position: _____

School/Location: _____ E-mail: _____

Applicant Name: _____ Position: _____

School/Location: _____ E-mail: _____

SECTION C - PROJECT INFORMATION

Name of Project: _____

Start Date: _____ Anticipated End Date: _____

Funding Requested: \$ _____

SECTION D - ATTACHMENTS

- ☐ Description of Project (*Maximum of 350 words*)
- ☐ Knowledge Mobilization/Sharing Plan (*Maximum of 200 words*)
- ☐ Relevant Supplementary Material (*Optional*)
- ☐ Budget
- ☐ Signed Letter of Support from School Principal

Signature of Applicant

Date (yyyy-mm-dd)