

# 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

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## SECTION A - TRU FACULTY INFORMATION

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Applicant Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ E-mail: \_\_\_\_\_

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## SECTION B - ADDITIONAL APPLICANTS

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Applicant Name: \_\_\_\_\_ Position: \_\_\_\_\_

School/Location: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Position: \_\_\_\_\_

School/Location: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Position: \_\_\_\_\_

School/Location: \_\_\_\_\_ E-mail: \_\_\_\_\_

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## SECTION C - PROJECT INFORMATION

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Name of Project: \_\_\_\_\_

Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Funding Requested: \$ \_\_\_\_\_

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## SECTION D - ATTACHMENTS

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- Description of Project (*Maximum of 350 words*)
- Knowledge Mobilization/Sharing Plan (*Maximum of 200 words*)
- Relevant Supplementary Material (*Optional*)
- Budget

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date (yyyy-mm-dd)*