

# 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

---

- 1. Description of Project (*Maximum of 350 words*)
- 2. Knowledge Mobilization/Sharing Plan (*Maximum of 200 words*)
- 3. Signed Letter of Support from School Principal
- 4. Signed Letter of Support from Dean or Director
- 5. Budget
- 6. Relevant Supplementary Material (Optional)

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

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