

WESTGATE TEACHER FELLOWSHIP FUND APPLICATION, Due March 5, 2020

Name: _____

Address: _____

_____ Zip _____ Phone: _____ Cell: _____

Present Position: _____

Years in Position _____ In Monomoy Public Schools _____

Please consider me as an applicant for a grant from the Westgate Teachers' Fund for the summer of _____ or academic year of _____. My co-applicants are:

_____, _____, _____

My/our intended study(ies) will be _____

Total cost: \$ _____. Amount requested: \$ _____.

Attached is a 2-3 page narrative application of the purposes for my/our grant and a line item budget showing total costs, all sources of financial support, including my own contribution, and expenses. I have read the "Guidelines for Applying" for a grant on the WestgateFund.org website. A separate completed form must be submitted by each applicant on a team.

If given a Westgate Teachers' Fellowship Fund Grant, I commit to teach in Monomoy Regional School Schools for a minimum of two (2) years following the completion of the program for which the funds were granted or refund the grant.

Signature of Applicant

Date

Recommended by:

Principal

Date

Superintendent

Date

Rev.11/17/19