

# Professional Development Grant 2023

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*Montclair Fund for Educational Excellence*

## *Applicant Information*

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### **School/Location(s)\***

#### **Choices**

- Montclair High School
- Glenfield Middle School
- Buzz Aldrin Middle School
- Renaissance Middle School
- Bradford School
- Edgemont Montessori School
- Hillside School
- Nishuane School
- Northeast School
- Charles H. Bullock School
- Watchung School
- Developmental Learning Center
- Montclair Community Pre-K
- Monclair Public Schools (District)
- Monclair Board of Education
- MPS Office of Technology
- Other

### **Other School/Location**

If you chose "Other" in the previous question, please enter your response here.

*Character Limit: 250*

### **Primary Applicant Position**

General job title (principal, teacher, etc.)

*Character Limit: 50*

### **How many years have you been a teacher or staff member in Montclair Public Schools?**

*Character Limit: 2*

### **Second Applicant Name**

*Character Limit: 100*

### **Second Applicant Email**

*Character Limit: 254*

### Third Applicant Name

*Character Limit: 100*

### Third Applicant Email

*Character Limit: 254*

### Fourth Applicant Name

*Character Limit: 100*

## *Program Information*

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Program refers to the professional development activity for which you are requesting funds, such as a class, a workshop or a conference. The sponsor is the organization/school/company organizing or offering this program.

### Program Title\*

Please provide a short, descriptive title, not a sentence.

*Character Limit: 100*

### Program Sponsor\*

Please enter the name of organization providing the professional development.

*Character Limit: 250*

### Program Sponsor Address\*

Please enter the full address of the sponsor organization.

*Character Limit: 250*

### Program Location\*

Where will the professional development activity take place?

*Character Limit: 250*

### Program Start Date\*

*Character Limit: 10*

### Program End Date\*

*Character Limit: 10*

### Brief Summary\*

Please give a brief summary of the program.

*Character Limit: 850*

## Program Goals\*

Why do you wish to take this program? How will you benefit from it?

Feel free to include links about the program to supplement your statement.

*Character Limit: 3000*

## Student Benefit\*

How will your students benefit from it? Please highlight if this grant proposal could specifically benefit students who have been marginalized or underserved for any reason, not limited to disability, race, gender, sexuality, or immigration status.

*Character Limit: 2000*

## Other Benefits\*

How might other teachers/classes/students benefit from it? For example, do you intend to share lessons learned with other teachers in your school and/or the district?

*Character Limit: 1500*

## Parent Engagement\*

How will you engage parents/caregivers in your learning related to this professional development experience?

*Character Limit: 1500*

## District/School Goals & Objectives\*

How does this activity relate to the district or school's goals and objectives? Does your principal know about your grant application? Please confirm with your principal that this PD does not qualify for district funding.

*Character Limit: 1500*

## Budget

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Greenwald grants cover registration fees up to \$600. The grant does not cover travel--related expenses including transportation, meals or hotel fees.

## Total Registration Fee/Cost\*

What is the total registration fee/cost for this professional development activity?

*Character Limit: 20*

## Amount Requested from MFEE\*

What amount are you requesting to cover registration fees?

*Character Limit: 20*

## *Authorization*

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### **Additional Funding**

Are you receiving any additional funding to support registration fees? If no, leave this box blank. If yes, please list the amount of additional funding that you are receiving.

*Character Limit: 20*

### **Authorization\***

I confirm that all information included in this application is accurate and up-to-date to the best of my knowledge. I understand that MFEE may share the information included in it with school and district staff and prospective or actual donors. I also allow MFEE to publicize grant summaries on the MFEE website. If I receive a grant, I will complete an evaluation survey once the project is completed.

### **Choices**

Yes, I accept these terms