

MCATA GRANT APPLICATION FORM

Name of Applicant _____

MCATA membership number _____ Expiry Date _____

School of Applicant _____

Address of School _____

Contact Number _____

Email address _____

Date(s) that the initiative will take place _____

Expected number of participants _____

Provide a brief description of the project and the audience for which it is intended. (eg. Grade 3 teachers of one school only, middle school teachers of the district, grade 6 teachers of a region, etc.) The grant application must include a proposed budget.

Sen or email this information to the Director of Awards and Grants

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