

Get Fit Tulsa
P.O. Box 14350
Tulsa, OK 74159



(GFT use only)# _____

PHYSICAL EDUCATION GRANTS APPLICATION

APPLICATIONS MUST BE RECEIVED ON OR BEFORE THE 1ST OF EACH MONTH AND MUST BE SUBMITTED ON THIS FORM TO BE CONSIDERED; however, *you may add one additional page if necessary.* Application information will not be returned, and all material becomes the property of GFT. Please do not return the cover page and be sure to keep a copy for your FILE.

Project title: _____ Amt. Requested _____

Name _____ Home Phone _____

Home Address _____ City/Zip _____

School _____ School Phone _____

School Address _____ City/Zip _____

Grades & Subject you teach _____ E-mail _____

By affixing my signature, I certify the following:

1. The beginning date of this activity is _____, and the ending date is _____
2. If the grant is awarded, I will submit a final evaluation, accounting for all expenditures, no later than the last day of the school year during which the project is implemented.
3. I grant to GFT the right to use this proposal and the results, if funded, for public information purposes to help other educators.
4. I accept the decision of the Allocations Committee.

Date: _____ Signature of applicant _____

By affixing my signature I certify that for the purposes of cooperation and coordination, I have reviewed this proposal.

Date: _____ Signature of principal _____

PROJECT DESCRIPTION: State as specifically as possible a description of your project and the educational goals you expect to achieve.

STRATEGIES: List as specifically as possible the steps you will take to implement your project.

CREATIVITY: Why is your project unique? How will your project promote educational excellence?

RESULTS: Specifically, how will your students, other students, and your school district benefit from this project? How will you measure these results?

How many students will benefit directly?

How many students will benefit indirectly?

How will you publicize or share the project results?

BUDGET: List all projected expenses for the project. Be specific. If a budgeted item is not self-explanatory, please provide a brief description.

ITEM	SUPPLIER	AMOUNT
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Grant Range: \$500-\$1,000 Submit applications on the 1st of each month to:

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