



# Bremen Partnership for Education

## Teacher's Classroom Grant

### Grant Application Cover Page

Applicant Name (Contact Person:) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grade & Subject Taught: \_\_\_\_\_

Other Applicants' Names, grades & subjects (If joint project request):

Project Title: \_\_\_\_\_

Number of Students Directly Impacted by Project: \_\_\_\_\_

Number of Students Indirectly Impacted by Project: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

If the request is partially funded, will the project still be completed? Yes \_\_\_ No \_\_\_

(Please explain your answer in Question 8 of the Application narrative.)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Teacher's Classroom Grants

Maximum Grant - \$1,000

### Application

Applicant must be a current teacher or educational staff member at Bremen Public Schools. The application may be handwritten or typewritten. Please read the entire application and grant policy information before starting.

\* Your request for funding of a specific project or programming will be referred to as "**Grant**".

1. Grade Level(s) Involved: \_\_\_\_\_
  2. Projected Time Frame to complete/implement: \_\_\_\_\_
  3. Grant Amount Requested: \_\_\_\_\_
  4. Can this **Grant** be used for more than one school year? Yes \_\_\_\_ No \_\_\_\_
- Number of persons involved in your **Grant** in each category:  
*How many students will be impacted in a school year and are others involved in your project?*
    - Students: \_\_\_\_\_
    - Parents: \_\_\_\_\_
    - Teachers: \_\_\_\_\_
    - Other School Personnel: \_\_\_\_\_
    - Community Organizations: \_\_\_\_\_
    - Please list any Community Organizations involved:



5. **Grant** Description & Goals:

*What is the purpose or goal of your specific grant request:*

6. Briefly describe how this **Grant** would enhance the educational experience for your students:

7. Is there an existing budget for your project or program from the school or other sources:



8. Explain, if possible, the potential for continuation of the **Grant** in future years. Will additional funding be necessary? Yes \_\_\_\_ No \_\_\_\_ If yes, how much?

9. If the **Grant** receives only partial funding, could it still be completed? Yes \_\_\_\_ No \_\_\_\_  
Explain:

For more information, please refer to the Teacher's Classroom Grant Program Policy. Be sure to have the principal of your building or supervising administrator review the application and sign the cover page. Please return the completed Cover Page and Grant Application to Bremen Partnership for Education, Attn: Teacher's Grant Program, 512 W. Grant St., Bremen, Indiana 46506. You may also drop off at the Administration building at 512 W. Grant St. or email the application to [bpspartnership@bps.k12.in.us](mailto:bpspartnership@bps.k12.in.us). All applications must be submitted by Friday April 25th, 2025 to be eligible. If you have questions please contact Mandy Kucera, Executive Director at [bpspartnership@bps.k12.in.us](mailto:bpspartnership@bps.k12.in.us) or (574)-331-3060.



Additional **Grant** Request Information: