



# Bright Ideas

## Grant Application

*Energizing Innovative Lessons*



Horry Electric Cooperative, Inc.  
Your Touchstone Energy Partner  
The power of human connections

This Section For Office Use Only	
Grant Number	_____
Date received	_____
Required signatures	_____
Meets word limits	_____
No materials attached	_____
Amount requested	_____
Amount funded	_____

### READ! READ! READ!

- Please use this form and this form only. All applications must be typed.
- Do not attach any supplemental materials.
- Grants are for up to \$1,000 and should be used within 18 months of awarding.
- Grants will be awarded to public and private school teachers teaching students in grades K-12 in Horry County Schools.
- Grants are for classroom projects, not professional development, and must demonstrate the value of technology in the classroom.
- All grant recipients are required to submit a report on the outcome of grant project.
- Teachers may only be an applicant or team member of one project per school year.
- Applicants must adhere to word limits.
- Applicants and team members agree that their name, photo and project may be used in print, broadcast, online streaming video and other forms of media that may be used for public recognition purposes by Horry Electric Cooperative and HTC.
- All applications must be received at HTC or Horry Electric Cooperative by June 1, 2011.

**Failure to follow rules will automatically disqualify application.**

### Part 1 of 4 – Applicant Information

Teacher Applying for Grant  
(First and Last Name) \_\_\_\_\_

Title of Proposed Grant Project \_\_\_\_\_

School Where Teacher Works \_\_\_\_\_

Grade(s) Applicant Teaches \_\_\_\_\_

School Mailing Address \_\_\_\_\_

School Street Address \_\_\_\_\_

School City, State, Zip \_\_\_\_\_

School Phone Number \_\_\_\_\_

School Fax Number \_\_\_\_\_

Applicant's Home Phone Number \_\_\_\_\_

Applicant's Home Mailing Address \_\_\_\_\_

Applicant's Home City, State, Zip \_\_\_\_\_

Applicant's E-Mail Address \_\_\_\_\_



**Part 2 of 4 – Project Overview**

Project Name \_\_\_\_\_

Curriculum areas \_\_\_\_\_

Amount requested \_\_\_\_\_ Minimum needed to do project \_\_\_\_\_

Number of students to benefit from project \_\_\_\_\_

Will items purchased be used for more than one school year? \_\_\_\_\_

Does project involve teamwork? \_\_\_\_\_ If so, how many team members? \_\_\_\_\_

**Part 3 of 4 – Project Overview**

**Project summary – Give an overview of project. (Limit 50 words.)**

**Explain the roles each of your team members will play in this project. (Limit 250 words.)**

**Part 3 of 4 – Continued**

**Innovation – Describe the innovative, creative elements of project. (Limit 100 words.)**

**Goals – What are your goals for this project? (Limit 100 words.)**

**Implementation – How will you implement this project? (Limit 100 words.)**

**What benefits will this provide students? (Limit 100 words.)**

