

Innovative Teaching Grants



PSEA

invites you to promote excellence in education
by applying for an Innovative Teaching Grant.

PSEA's Innovative Teaching Grant program recognizes PSEA members for their contributions to innovative instruction. Each \$1,500 grant will be awarded to teachers, librarians, education support professionals, instructional teams, pupil services personnel, and higher education staff. PSEA-Retired and Student PSEA members may submit an application in conjunction with a PSEA EA member. PSEA's Council on Instruction and Professional Development will recommend a maximum of four grant winners to the PSEA Board of Directors.

All entries must be submitted by email to klewis@psea.org and receive later than 5:00 PM EST on February 1 of each year.

Questions? Contact Ed Services at 1-800-944-7732 ext.7008.

Download this application at: www.psea.org/ITG.

GRANT APPLICATION INFORMATION

BACKGROUND

The Innovative Teaching Grant program was initiated by PSEA in 1972. The program is administered by the PSEA Council on Instruction and Professional Development. Grantees are recognized at the annual PSEA House of Delegates held in May of each year.

SCOPE AND PURPOSE

The Innovative Teaching Grant program recognizes PSEA members for their contributions to innovative instruction. Projects eligible are those developed by teachers, librarians, education support professionals, instructional teams, pupil services personnel, and higher education staff. PSEA-Retired and Student PSEA members may submit an application in conjunction with a PSEA EA member.

ENTRANCE STEPS

All of the following criteria must be met for the project to be considered.

- A. Ensure that the applicant(s) is a PSEA member(s) in good standing (PSEA retirees must work with a current PSEA teacher).
- B. Fully complete the application form and professional resume(s).
- C. Scan the documents with original signatures and submit them to PSEA in PDF format. (A clear JPEG is also acceptable. If none of these options are available, please contact [klewis@psea.org](mailto:kewis@psea.org).)
- D. **All entries must be submitted by email to [klewis@psea.org](mailto:kewis@psea.org) and received no later than 5:00 PM EST on February 1 of each year.**

PROJECT REQUIREMENTS

All of the following criteria must be met for the project to be considered.

- A. Fully completed application form identifying one primary contact.
- B. Fully completed professional resume (for each applicant).
- C. Written evidence of administrative or supervisory support.
- D. Components of the Application Text:
 - Project Summary: A separate summary statement of the project in 50 words or less
 - Narrative: A comprehensive narrative of the proposal that must include the following:
 - Objectives
 - Grade or age level of the student group for which the program is designed or explanation if the audience is other than students
 - Number of participants anticipated
 - A statement about the innovative aspects of the project and how it may address closing achievement and opportunity gaps
 - Activities: Brief description of each activity and how each activity will aid in accomplishing the stated objectives.
 - Project Implementation Timetable
 - Other Resources: Descriptions and functions of any other supportive services or other resources that will be used.
 - Budget: Include itemized costs and the final project total. Specify the allocation of grant funds. Also, address how other non-PSEA grant funds will be used and confirm the acquisition.
 - Evaluation: Description of the method(s) that will be used to evaluate project results (rubrics, surveys, checklists, data points, deliverables, etc.)

NOTES OF IMPORTANCE

- *These grants are about innovation. Be sure to envelop your entire project in that concept.*
- *All entries become the property of PSEA and will not be returned.*
- *The PSEA Board of Directors takes final action on the winning entries.*
- *There is no limit to the number of members who can collaborate on a grant project; however, there should be only one primary contact, and only two members will be funded by PSEA to attend the May HOD to receive the award.*
- *Please be advised that if the check for the Innovative Teaching Grant is made payable to individual award recipients, the award amount will be taxable income to those persons according to IRS regulations. If the check for the award is made payable to their school district, it will not be taxable income to the award recipients.*

PSEA-IPD INNOVATIVE TEACHING GRANT APPLICATION FORM

PROVIDE THE FOLLOWING INFORMATION FOR EACH ENTRY SUBMITTED. Please type or print all information.

Title of project: _____

The project involves:

students _____ age _____ grade _____ # teachers _____ parents _____ (other) _____
specify

Name of applicant/primary contact person: _____

Member ID # (Number can be found on PSEA membership card): _____ Local Association: _____

Professional Personnel Identification # (PPID): _____

Region (Central, Southeastern, etc.): _____

Home address: _____
House # Road or Street City, PA Zip

Home phone: _____ School phone: _____ Cell phone: _____

Email address: _____

School name & address: _____

Current educational position (include grade and subject(s) taught, if applicable):

Superintendent's name: _____

School district name & address: _____

Other entities, if any, formally cooperating in carrying out this project:

The following additional materials have been included with this application (photos, news articles...):

How did you hear about the Innovative Teaching Grant? (Check all that apply.)

House of Delegates Summer Leadership Conference State Region Local Other: _____
specify

By signing below, I/we:

- declare that all work in this project is original (except where indicated).
- agree to have my/our name(s) used as a contact related to this project.
- give PSEA permission to publish this project for use by other members.

Signature of applicant(s)

Local Association President's Name (printed)

Principal's Name (printed)

Signature of Local Association President

Signature of Principal

PSEA-IPD INNOVATIVE TEACHING GRANT

PROFESSIONAL RESUME

Name _____ Title _____

Address _____

Employer _____

Degree	Date Received	Institution	Field of Study
☐ Bachelor	_____	_____	_____
☐ Master	_____	_____	_____
☐ Doctorate	_____	_____	_____
☐ Other degrees or certificates (specify)	_____	_____	_____

TEACHING EXPERIENCE (YEARS AT EACH LEVEL, INCLUDING CURRENT POSITION):

Elementary Education	Secondary Education	Higher Education
_____	_____	_____
_____	_____	_____
_____	_____	_____

YEARS AND SCHOOLS WHERE THE APPLICANT HAS TAUGHT:

Year(s)	School
_____	_____
_____	_____
_____	_____
_____	_____

OTHER EXPERIENCES, HONORS, AWARDS, OR PUBLICATIONS.

Signature _____

Date _____