



APPLICATION FOR cFWD GRANT FUNDS

District: _____ School: _____

Address: _____ City, _____ Zip _____

Phone: _____ email: _____

Authorized Representative*: _____ / _____
Signature Print Name
Title: _____

Project Contact Name: (if different from above) _____
Print Name

Narrative: (no more than 500 words)

Provide a description of the desired outcome from the use of CareerForward with your students, and a timeline of project implementation. Also describe how you will use the stipend. (The stipend must be used in support of the implementation of cFWD),

In addition, provide a copy of your registration with MI Virtual High School for use of CareerForward.

STUDENT PARTICIPATION with cFWD:

100 – 199 \$1,000
200 – 299 \$2,000
300 + \$3,000

Grade Level: _____ #of students _____
Grade Level: _____ #of students _____
Grade Level: _____ #of students _____

Participating Teacher Names:

Grade

*The Authorized Signature above and the submission of this application provide assurance our school agrees to participate in any and all project evaluations established by MDE, MVU, Microsoft, MASSP, TBAISD

Submit application and required documents to:
Rosemary Hagan
TBAISD
FAX: 231.922.6391 or rhagan@tbaisd.k12.mi.us

Applications will be processed on a first-come first serve (date/time) basis until grant funds are expended.