



Teachers' Insurance Plan of NJ

Special rates for a special class of people

Quotes for Cash District Program Grant Application

Teachers' Insurance Plan of NJ values the work that educational professionals do each day for New Jersey students. We believe that educators who want to enrich students' experience both inside and outside of the classroom should be given the opportunity to do so. That's why Teachers' Insurance is offering multiple monetary grants of up to \$1,000 throughout the school year for educators to conduct enrichment projects in their schools.

Rules and Procedures

Grant applications can be submitted throughout the school year (September - June), and will be awarded on a monthly basis during the school year. To apply for a grant, please thoroughly read this rules and procedures section, and be sure to provide your signature at the bottom. Complete all three pages of the application form, and attach your Program Description essay. You may then mail the entire application to:

Quotes for Cash Grant Program
P.O. Box 924
Lincroft, NJ 07738-0924

All proposals will be considered on an individual basis, but programs that incorporate technology, safety, math and finance, science, literacy, mentoring and the arts will be the most highly regarded. Applicants requesting school supplies and equipment, such as computers, graphic calculators or art materials, will not be considered.

Eligibility

Only educators from participating Quotes for Cash districts are permitted to apply for grant funding. An educator is eligible to win only once per school year. Multiple teachers from the same school in a participating district may apply for funding for different programs.

Funding Request

The maximum grant award will be \$1,000. The amount awarded cannot exceed the total cost of the project. All unused funds must be returned to Teachers' Insurance Plan of NJ.

Awards

Awards will be determined based on the following guidelines:

- The number of students impacted by the proposal
- Level of impact on students' education experience
- Ability to recreate the project for future students
- How well the program relates to classroom instruction

Signature

By providing your signature below, you agree to all of the rules and procedures of this program. Please be sure to include this completed page with your application. Applications without this page will not be considered.

Applicant Name (print)

Applicant Signature

Date

Principal Name (print)

Principal Signature

Date



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Complete all of the following information and submit it to Teachers' Insurance by the 15th of each month.

Project Coordinator Information

Name _____

E-mail _____

Home Address _____

Home Phone _____

City, State, Zip _____

Work Phone _____

School Information and Survey

School Name _____

Grade Levels Taught at this School: _____

Principal Name _____

School Type (circle one): Private Charter
Public Other _____

School Address _____

Number of Students in District: _____

District Name _____

Phone Number _____

Web Site _____



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Complete all of the following information and submit it to Teachers' Insurance by the 15th of each month.

Project Details

Title of Project

Short Description

Student Participation: Tell us more about the students who will be involved in the program.

Anticipated Results: What is your goal for this project and how do you hope it will impact your students?

Result Measurements: How will the success of this project be determined?

Budget: Please attach an itemized budget plan for your project. Please note any additional funding efforts for this project.

Project Description (500 words or less): Please describe your program, its mission, and what it will mean for your students' education experience. What is the focus of the project? How will this experience affect your students outside of the classroom? Please attach your description as a separate document.