The Nueva School
Innovative Learning Conference 2017
Request for Educator Grant

Registrants requesting an educator grant must submit this completed form to the email address or fax listed at the bottom of this page.

Professional development funds are limited. Recipients may receive full or partial funds. Decisions for professional development funds will be made on a rolling basis.

Preference will be given to educators from neighboring public school districts that either qualify for Title I funding or have a significant free and reduced lunch student population. Preference will also be given to recipients who have not received funds for this conference in the past.

Please complete both sides of this document and sign.

Name: _____
　　　　　　Last　　　　　　　　First　　　　　　　　　Preferred name

Address: _____
　　　　　　Number and Street　　　　　　　City　　　　State　　　Zip

Email (school year): _____　Phone (school year): _____

Email (summer break): _____　Phone (summer break): _____

Grades level(s) you work with/teach/administer: _____　Years in education: _____

School District: _____　School Name: _____

Grade Levels in School: _____

Is this a Title 1-funded school?　　　Yes　　　　No

What percent of your student population qualifies for free and reduced lunch? _____

School Address: _____
　　　　　　Number and Street　　　　　　City　　　　State　　　Zip

Principal or Head of School: _____

School Phone: _____　Principal/Head of School Phone: _____

School Fax: _____　Principal/Head of School Fax: _____

Principal/Head of School Email: _____

Please return all forms to Sarah Hill, Gxgpv'Coordinator
shill@nuevaschool.org, Fax: 650-348-0132
Thank you for your interest.
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Amount of request: _____ Explanation of request: _____

_____

What day(s) are you interested in attending?
☐ Thursday only   ☐ Friday only   ☐ Thursday and Friday

What is your role at your institution?
☐ School Administrator   ☐ Elementary School Teacher   ☐ Middle School Teacher
☐ Head of School   ☐ Assistant Head of School   ☐ High School Teacher
☐ Principal   ☐ Assisstant Principal   ☐ Superintendent
☐ Assistant Superintendent   ☐ Curriculum Developer

☐ Other (please specify) _____

Have you attended the conference before?
☐ Yes   ☐ No

If you have attended before, did you receive funds for your past attendance?
☐ Yes   ☐ No

Signature: _____ Date _____

Please return all forms to Sarah Hill, Events Coordnator
shill@nuevaschool.org, Fax: 650-348-0132
Thank you for your interest in the Innovative Learning Conference.
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