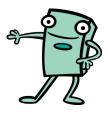
2010 Digi-Block[®] Annual Grant

Application

The Digi-Block Grant Program offers teachers and teacher groups the opportunity to apply for materials and training for their school or classroom. These may include curriculum development and implementation projects, staff development and training, after-school or summer programs, or co-curricular activities and innovative assessment techniques using the Digi-Block Program.



For Spring 2010 Digi-Block will be offering a grant for \$2,000 in Digi-Block materials. To be considered for the next Digi-Block Grant, submit a completed application to the Digi-Block Grant Department postmarked by May 14, 2010. The winner will be announced on June 7, 2010.

The proposal must include the following:

- A description stating the purpose and objectives of how the Digi-Block Program will be used in the classroom or school
- Procedures for reporting program progress to Digi-Block
- Current resume of the applicant(s)
- A letter of recommendation from the principal, curriculum supervisor, or mathematics department chair
- A list of Digi-Block materials requested (totaling up to \$2,000)

Optional: Submit a short video to address any requirement of the proposal (in lieu of writing that portion), or to share additional information not required by the proposal. Videos can be shared via a posting on YouTube or TeacherTube (please email the link to info@digi-block.com, subject heading "Grant Video"), or by mailing the video on a DVD.

Evaluation criteria include whether the proposal:

- States a specific mathematics learning objective
- Outlines a detailed plan to reach the objective
- States clear reporting procedures of on-going, measurable results
- Uses the Digi-Block Program

Send or fax the completed application to:

Grant Department Digi-Block, Inc. P.O. Box 380247 Cambridge, MA 02238

Fax: (617) 661-3310

Questions?

Call toll free: 1-888-834-4466 E-mail: <u>info@digi-block.com</u>



Digi-Block Grant Application

Teacher Name(s):	
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School Name:	
District:	
School Address:	
City/State/Zip:	
School Telephone:	School Fax:
E-mail:	Position/Grade(s):
Proposal Title:	
Proposal Descrip	bion (please use additional pages as necessary): DIGI-BLOCK See the Math
that I will carry out any copyrightable I	ormation in this grant application is true and correct to the best of my knowledge and belief. I further certify the proposed educational program to the best of my ability if the application is approved. I understand that if materials are developed in the course of this grant, Digi-Block shall have royalty-free, nonexclusive, and o reproduce, publish, or otherwise use and to authorize others to use the work for Digi-Block purposes.

Questions?

Date: _____

Applicant's Signature:

Call toll free: 1-888-834-4466 E-mail: grants@digi-block.com