

CHARLES E. BROWN FELLOWSHIP APPLICATION, 2022-2023

Do not write in this box

PROJECT #: _____

Name/s: _____

School: _____

Project Title: _____

Do not write in this box

PROJECT#: _____

Fellowship granted: YES _____ NO _____

Dates: _____

Number of teachers involved in this project: _____

Number of days per teacher requested: _____

Total days requested: _____

Cost (total days x \$130) _____

Dates requested (if specific date(s) are necessary): _____

Type of project:

_____ Development of professional tools, equipment and materials

_____ Professional study and research

_____ Advancement of professional association work and leadership

Please write a detailed description of your project including the purposes of the project and potential benefits of the project not only to yourself but also to children, other teachers and professional staff, and/or the unified teaching profession.

If additional space is needed, attach an 8-1/2 x 11 sheet. Write on one side only.