

PLEASE NOTE: You should first download the interactive form to your desktop before typing information in the spaces provided.

Community Relations Grants and Mental Health Supplement Application Form

Date

Name and Number of your Local

Organizer's Name

Position

Contact Information

Does your Local president support this application? Yes No

Local president signature

Briefly describe your proposed activity – please include dates and location

Specifically, how will your activity:

- 1) Profile public education and/or
- 2) Show teachers as active and concerned citizens

Are you applying for the Mental Health Supplement? Yes No

How will this activity portray teachers as concerned about the mental health of children and youth?

Applications accepted throughout the school year.

Winning projects must submit a brief write-up after their completion detailing the outcomes and successes of the project. Any photos submitted must include signed consent forms if there are identifiable people in them. Consent forms and more details will be provided once grant recipients have been chosen.

PRINT

E-MAIL

SAVE

