NYSATA Conference Equity, Diversity, and Inclusion Grant

Application Form

Please type or print legibly. To type into this form you may click in the highlighted fields, type your information, and print the completed form for mailing. Be sure to print before exiting the form in case you have trouble saving changes you make to this PDF form.

Application Information

APPLICANT

Name of Applicant

Address Line 1

Address Line 2 (if any)

City, State, Zip

Phone Region

Primary Email Alternate Email

The NYSATA Conference ED&I Awardee must not have attended a NYSATA conference prior to this award (please confirm)

☐ I have NOT attended a NYSATA conference

The NYSATA Conference ED&I Awardee must be an active member upon date of conference (please confirm)

☐ I will be an active member upon date of conference

The NYSATA Conference ED&I Awardee is required to complete one of the following (please confirm a selection)

☐ Write an article about my project for NYSATA News

☐ Present my project at the NYSATA State Conference

PRINCIPAL

Principal or College Dean

School District /or College/University

Address Line 1

Address Line 2 (if any)

City, State, Zip

Email

SUPERINTENDENT

Superintendent or College Dean

School District /or College/University

Address line 1

Address Line 2

City, State, Zip

Email

Checklist of Requirements (to be completed by Grants Chair)

☐ Member in good standing expiration date _____

☐ Standardized Vita Form

☐ Two letters of Recommendation

☐ Personal Narrative

☐ All materials submitted to State Grants Chair by May 1

☐ Materials incomplete

☐ Materials complete

Reviewed by_____ Date:_____