Thomas J. Knab Leadership 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 Thomas J. Knab Awardee must not have attended a NAEA conference as a NYS Teacher (please confirm)

☐ I have NOT attended a NAEA conference

The Thomas J. Knab Awardee must show proof of conference registration and travel/accommodation plans to receive funds (please confirm)

☐ I will provide this information if awarded

The Thomas J. Knab 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
- ☐ Budget for project
- ☐ Personal Narrative
- ☐ All materials submitted to State Grants Chair by May 1
- ☐ Materials incomplete
- ☐ Materials complete

Reviewed by_____ Date:_____