



FirstClass Grant Program for Teachers Application

To apply for a grant:

1. K–5 teachers in Stamford, Norwalk, Darien, Greenwich, New Canaan, and Westport public schools may apply
2. Complete this form and have it reviewed and approved by your school’s principal
3. Provide a brief narrative describing how your request will impact students. Detailed budget is required; grant amount may not exceed \$1,000.

Application Deadline **October 31, 2017**. For questions call 203.462.4858.

To be considered, please go to firstcountybank.com/firstclass-grant to complete the application online, or return the application by mail to:

First County Bank Foundation
FirstClass Grant Program for Teachers
3001 Summer Street
Stamford, CT 06905
ATTN: Jennifer DaSilva

Date: _____/_____/2017

School

Name: _____

Address: _____

Phone: (_____) _____

Website: _____

Principal’s Name: _____

Principal’s Email: _____

Teacher

Name: _____

Phone: (_____) _____

Email: _____

Teaching Subject(s):

- | | |
|---|--|
| <input type="checkbox"/> All | <input type="checkbox"/> English/Language Arts (ELA) |
| <input type="checkbox"/> Library | <input type="checkbox"/> Science |
| <input type="checkbox"/> Art | <input type="checkbox"/> History/Social Studies |
| <input type="checkbox"/> Math | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Physical Education | <input type="checkbox"/> Foreign Language |
| <input type="checkbox"/> Music/Drama | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Other _____ |

Teaching Grade(s):

- | | |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Third |
| <input type="checkbox"/> First | <input type="checkbox"/> Fourth |
| <input type="checkbox"/> Second | <input type="checkbox"/> Fifth |

Project Name: _____

Amount Requested: _____

Number of Students Impacted: _____

- By checking this box, I acknowledge that my school's principal is aware of my project and application for a FirstClass Grant for Teachers. I understand First County Bank Foundation may contact my school's principal to verify my project.**

Agreement

- I accept responsibility for the accuracy of the information provided on this application.
- I understand that if awarded a grant for this project:
 1. Grant checks will be made payable to the school with an accompanying letter stating which teachers and projects are awardees. Grants must be used by the end of the 2017-18 school year.
 2. I will mention the First County Bank Foundation as a sponsor in any printed or published materials and at events related to my project.
 3. I will provide photos of my project to First County Bank Foundation to confirm utilization of grant funding for the purposes stated in this application.
- I understand that by applying for a FirstClass Grant I authorize First County Bank ("Bank") to take photographs or video of me that might capture my name, voice, and/or image. Furthermore, I authorize the Bank to use, reuse, copy, publish, display, exhibit, reproduce, and distribute any materials related to the FirstClass Grant Program for Teachers.

Employees and directors of First County Bank and its affiliates, subsidiaries, agencies, and their respective immediate families (spouse, children, parents, and in-laws) are not eligible to apply for the FirstClass Grant Program for Teachers.

Describe your grant purpose.

Please describe your proposal below. Special consideration will be given to programs that foster creativity. Please note that you can attach supporting documents.

1. Goals, objectives, and activities

2. How will you evaluate your project—what are your criteria for success?

3. Impact on the students and the school

4. Budget (Please detail how funding will be used. Itemize as appropriate.)

5. Timeline of project (when will you do the project, if applicable.)

Email Completed Application to: foundation@firstcountybank.com