



**Wisconsin Public Service & The Einstein Project  
GRANT APPLICATION**

Name of school district: \_\_\_\_\_

Please confirm that you school is a WPS electric or natural gas customer: YES NO  
This grant is only available to schools in their service area.

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

CESA with which you are affiliated: \_\_\_\_\_

Primary contact person for this grant application: \_\_\_\_\_

Email address of contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and title of primary district or school administrator: \_\_\_\_\_

List the teacher(s) applying to receive the opportunity to use The Einstein Project Electric Circuits science unit and receive the accompanying professional development training:

1) Teacher Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Number of students in this teacher's classroom: \_\_\_\_\_

To be completed by the teacher:

Please tell us how you are currently teaching science and why you want to teach using The Einstein Project Electric Circuits unit? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever used The Einstein Project science units? Yes \_\_\_ No \_\_\_ If yes:

Which unit: \_\_\_\_\_

What school: \_\_\_\_\_

Grade level unit used in: \_\_\_\_\_ When: \_\_\_\_\_

If you like the unit, what is the likelihood that you would advocate to continue using the unit at your school beyond the grant year(s)? \_\_\_\_\_

2) Teacher Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Number of students in this teacher's classroom: \_\_\_\_\_

To be completed by the teacher:

Please tell us how you are currently teaching science and why you want to teach using The Einstein Project Electric Circuits unit? \_\_\_\_\_

Have you ever used The Einstein Project science units? Yes \_\_\_ No \_\_\_ If yes:

Which unit: \_\_\_\_\_

What school: \_\_\_\_\_

Grade level unit used in: \_\_\_\_\_ When: \_\_\_\_\_

If you like the unit, what is the likelihood that you would advocate to continue using the unit at your school beyond the grant year(s)? \_\_\_\_\_

**Submitted by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Approved by (to be completed by the school principal):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Applications are considered on a twice-a-year basis and **must be received by The Einstein Project by close of business on November 15, 2011 or February 15, 2012.**

Please direct all inquiries and applications to:

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The Einstein Project  
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