**TODOS: Mathematics for ALL**

**National Council of Teachers of Mathematics**

**Mathematics Education Trust (MET)**

**Proposal Cover Form**

**2023-2024 MET Awards, Grants, and Scholarships**

**Fostering Support of Mathematics Learning for Multilingual Learners**

How to use this form: Please furnish all requested information (use the “Tab” key to move from one line to the next). After completing this form, save the document in Microsoft Word. Print and sign the signature page and then scan, or insert an electronic signature. Completed proposals must submitted electronically to [met-todosgrant@todos-math.org](mailto:met-todosgrant@todos-math.org) by 11:59 PM PST on Tuesday,

November 15, 2022. Duplicate applications will not be considered.

**Lack of an applicant’s signature will automatically disqualify the proposal.**

Where did you hear about this grant?

What is the title of your proposal?

Please write a brief abstract (not to exceed 150 words) outlining the objectives of your proposal. *(NOTE: Abstracts of the winning proposal will be published.)*

**School Professional Development Grant**

School Name:

School Address:

City:       State/Province:       Zip/Postal Code:

School Phone:

Grade Span of School:

Current school type (click and choose from list):

School’s home page (if available):

**PRIMARY APPLICANT PERSONAL INFORMATION**

First Name Middle Name Last Name

           

Email Address:       Cell:

Home Address:

City:       State/Province:       Zip/Postal Code:

Current Teaching Level (List all grades that apply):

NCTM Membership Number:       TODOS Member:

Signature Required (Lack of an applicant’s signature will automatically disqualify the proposal)

Signature: Date:

**CO-APPLICANT PERSONAL INFORMATION**

First Name Middle Name Last Name

Email Address:       Cell:

Home Address:

City:       State/Province:       Zip/Postal Code:

Current Teaching Level (List all grades that apply):

NCTM Membership Number:       TODOS Member:

**CO-APPLICANT PERSONAL INFORMATION**

First Name Middle Name Last Name

Email Address:       Cell:

Home Address:

City:       State/Province:       Zip/Postal Code:

Current Teaching Level (List all grades that apply):

NCTM Membership Number:       TODOS Member:

**CO-APPLICANT PERSONAL INFORMATION**

First Name Middle Name Last Name

Email Address:       Cell:

Home Address:

City:       State/Province:       Zip/Postal Code:

Current Teaching Level (List all grades that apply):

NCTM Membership Number:       TODOS Member: