

Bristol-Myers Squibb-Rider University
Grant Program for Enhancement of Science Teaching
2008
COVER SHEET

This sheet must be attached to your letter of request.

Contact Information

Public school district applying for grant: _____

OR

Independent or parochial school: _____

Contact person for this proposal:

Name: _____ Position/Title: _____

Phone: (____) _____ Fax: (____) _____ email: _____

Mailing Address: _____

Street Address/P.O. Box

City State County Zip Code

Partner Information

If you are partnering with other districts, schools, higher education institutions, corporations/business, or other organizations, please list them here. Use the back of this form, if necessary.

1. _____
2. _____
3. _____

Check here if other partners are listed on the back of the form.

Grant Proposal Information

Amount Requested: \$ _____

Summary of your request (one sentence): _____

