



THE COMMUNITY FOUNDATION OF THE VIRGIN ISLANDS
Anderson Family Fund for Education, 2007 "Teacher Grants Program"

1. How many students will benefit from the project?

2. Subject area and grades targeted by project:

3. Specify the projected dates or time period for the project:

4. How many adult volunteers will help administer the project?

5. How many paid staff will help administer the project?

6. Amount requested (not more than \$1,000)

6. Did you receive an Anderson Teacher Grant in 2006?

If yes, \$ _____

For further information contact:

CFVI
P.O. Box 11790
St. Thomas, USVI 00801
PH: 774-6031
FAX: 774-3852

Additional applications can be downloaded from our website:
www.cfvi.net

Name of Applicant: _____

Position: _____

Name of School: _____

Home Mailing address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Contact Person (for group applicants): _____

Title of Project: _____

Description of Project: (100 words. Use back of paper as necessary. Please be as detailed as possible, (project location, frequency of meetings, etc.) Relevant literature/documentation may be attached to this application.

What will the money be used to pay for? (be specific, please)

Who should the check be made out to? _____

I agree to submit a brief written report and documentation on the use of the grant, at the end of the funding period. I understand that any documentation on the use of the grant, including photos, videos, or CD's sent in with this application and/or with the final report, will become the property of CFVI and can be used by CFVI for promotional purposes.

Signature of Applicant

Date

APPLICATION DEADLINE: Received in the office of CFVI no later than **5 PM, Friday, September 28, 2007.**