

**Connecticut Association for Reading Research**

***IRA Honor Council***

***Beverly Pearson Memorial* *Grant***

**Purpose for this grant award:**

* The ***Beverly Pearson Memorial Grant*** is designed to support and promote professional growth and development of individual teachers and/or teacher teams as they employ best practices for instructional strategies to insure student growth. This grant as funded is intended tosupport and “strengthen the individual and collective practices and foster continuing collaborative dialogue around teaching and learning in order to increase student academic growth and development.” 1

**Who is eligible to apply?**

* + - * + Teachers currently teaching
        + Literacy specialists, coaches, and consultants
        + Students enrolled in teacher education and masters programs

**Application requirements:**

* + - * + One proposal per school year may be submitted.
* Proposal requests for the grant may not to exceed $600.
* Applications will be submitted online as an email attachment.
* All signatures (e-signatures are acceptable) requested **must be included.**
* **Incomplete applications will not be considered.**

**Award process:**

* It is anticipated that all applicants will be notified of award status within a month of the receipt of the application.
* A check for the amount approved will be sent to the primary applicant following notification of the award.

**Dissemination:**

* Recipients will be asked to prepare a report upon completion of project within 30 days of completion of the project and/or prior to the last day of the school year in which the project was awarded. The report will be considered for publication on the CARR website and/or the association newsletter. Upon request, the recipients may be asked to present findings to the CARR Board of Directors.

**1** CT System for Educator Evaluation and Development, CSDE website

**Grant application:** Use the following to guide the application process. All information requested must be included.

1. **Person\* submitting proposal:**  \*This person is assumed to be the primary contact person for the proposed

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(first) (initial) (last name)

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

Position and/or title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred mailing address:

(STREET)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CITY OR TOWN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(STATE ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ZIP CODE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check if mailing address is: ( ) Home ( ) School

Telephone numbers: Home ( ) School ( ) Mobile ( )

Preferred email: ***NOTE:*** *Notification of application decision will be by email.*

*(Please print/type carefully so all characters are clearly visible and understood)*

Amount requested (up to $600.00):

**II. Title** of proposed project:

**III. Primary objectives** of the proposed project:

**IV. Intended participants**

* **Provide a brief description of the participating student demographics** (including but not limited to grade level(s), gender, special education classification, English Language Learners, etc.)**:**
* **Names and titles of all participating educators:**

**V. Attachments**

* The following items are to be included with the application. They must be complete, clear in content, and labeled as listed below.

1. **Description of the Project:** A one to two page summary of the goals and intended outcomes of the action-research project may include the following:

Classroom problem of practice to be addressed

Open-ended research questions driving the investigation into the problem of practice

Materials and resources to be used

Description of assessment(s) to be used

Timeline for the action steps to be taken

List of related professional texts and research used to guide this project

1. **Proposed project budget:** Include an outline of proposed costs and rationales for purchases
2. **Additional:** Include other documents that are directly related to the project (i.e., assessment forms, graphic organizers, samples of student work)

**VI. Signature of person submitting proposal\*:**

\*This should be the person designated as the primary contact person when submitting the proposal.

Name (please print):

Signature:

Date:

**VII. Supervisor’s Approval (required):** The supervising administrator’s signature indicates that he/she has reviewed the research project prior to application and has approved of the activities outlined in the project. The supervisor assures that all district policies will be respected and followed. It is assumed by all parties involved, that CARR is in no way held accountable for any actions taken as a result of the research project and that all participants, to the extent possible, have been given sufficient opportunities to agree to participate.

Title/Name:

Position:

Email (*please type or print clearly so that all characters are clear*):

Work Address:

Phone number (work):

Signature:

**VIII. Submit an email attachment of the entire proposal to:**

[ctreadingresearch@gmail.com](mailto:ctreadingresearch@gmail.com)

*Subject line:* **CARR: Beverly Pearson Grant Proposal**