FLORIDA EDUCATION ASSOCIATION RETIRED

Innovative Grant Application Form Contact the District Direct in Your Area for the Due Date

Please type or print this information.

Applicant Name(s):		Are you a mo	ember of FEA?	E-Man:	
School:				School Fax:	
School Address	City	State	Zip	Phone:	
Home Address	City	State	Zip	Phone:	
Name of Local Organization:		Local Presid	Local President:		
Grade Level:		Subject Area	Subject Area:		
School Principal's Name (Printed)		School Prince	School Principal's Name (Signature)		
Criteria: The \$100.00 in will add to efficient and eallocation, please send a accomplished. To apply for an FEA-Reproposal (200 wor retiree chapter or your their addresses.)	effective teaching an follow-up report de tired Innovative Gr ds or less) and ret	d enhance student le etailing how the mo ant, Please attach a urn it along with the	earning. After iney was spent a SUMMARY his form to yo	receiving your and what was OF YOUR ur local	
then audiesses.					
Signature		Title	Ι	Date	

District 1:

Dr. Gloria Bonnie Smith 50 Cinderella Lane Fort Walton Beach, FL 32547 LSUtigress@cox.net

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Roy Weatherford, District 11 Director 5425 County Road 579 Seffner, FL 33584 Roy@ddweatherford.com