# jfed jpg logo transparent background

5603 South Braeswood Boulevard

Houston, TX 77096

**2017-2018 PROFESSIONAL GROWTH GRANT FOR CLASSROOM TEACHERS**

Please complete this application and return it along with a copy of your program registration forms to the Federation, by mail, e-mail [egarza@houstonjewish.org](mailto:egarza@houstonjewish.org) or fax 713-721-6232. Please call 713-729-700 extension 309 with any questions or concerns you may have regarding the grant application process.

**Applicant**

**Home Address/City/State/Zip**

**E-Mail**       **Daytime Phone**

**Current Position in Jewish Education**

**School**       **How long?**

**PROGRAM** *(must be a Jewish sponsored educational program)*

**Sponsor of Program**

**Date(s) of Program**

**Program** **Location**

**REGISTRATION**

**$**      **HOUSING** **$**      **TRAVEL** **$**      **TOTAL** **$**

**How much is your school giving you towards your trip?** **$**

**What are your out-of-pocket costs?** **$**

**Other Sources of Funding** **$**

**Have you ever received a Professional Growth Grant from the Federation?** **YES**  **NO**

**Program**       **Date**       **Amount** **$**

**CHECKS MAY NOT BE MADE PAYABLE TO AN INDIVIDUAL**

**Payable to**

**Address/City/State/Zip**

**ATTENTION**

I believe this **Jewish educational conference** will enhance this applicant’s work in our school.

**Principal’s** *Signature* **Date**