

Schalmont Video Integration Grant Application (VIG Form)

DATE: _____

TEACHER NAME _____

EMAIL _____

PHONE EXTENSION _____

GRADE/ SUBJECT AREA _____

LIST NAMES OF TEACHERS COLLABORATING ON THIS PROJECT

AMOUNT REQUESTED _____

CONTENT PROVIDER INFORMATION

NAME OF CONTENT PROVIDER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

CHOICE OF PROGRAM _____

LIST THREE POSSIBLE DATES AND TIMES FOR CONDUCTING CONFERENCE

SPECIAL INSTRUCTIONS OR COMMENTS

Please briefly describe how you will integrate this video conference into your lesson plans.
