

Luther PARTNERS Grant Application

Name _____ E-mail _____
School _____ FAX _____
Phone _____ Date of application _____

The Luther PARTNERS committee appreciates your participation in this collaborative program. We encourage applicants to provide information about their classroom, proposed project, project resources, and anticipated outcomes of PARTNERS projects. A complete application is given the strongest consideration.

I. CLASSROOM INFORMATION

Course title in which the project will be incorporated: _____

Day of the week the course meets: daily _____ other (e.g., Tuesdays) _____

The class meets at the following times: _____

The students in my project class are (check all that apply): FR ____ SOPH ____ JR ____ SR ____

Identify the month(s) you expect the project to take place: _____

Time span of project (i.e., once a week for 4 weeks or 3 consecutive days, etc.) Please explain and estimate the number of contact hours with the Luther partner, meetings, presentations, etc.

II. PROPOSED PROJECT

A. Please describe your project proposal. (Be as specific as possible.)

B. Describe the purpose of your project.

III. PROJECT RESOURCES

A. An important part of your application is to identify resources that support your project. The PARTNERS program will provide **up to \$250** to defray the cost of your project. Typical costs include items such as materials, equipment, field trip expenses, books, or videos. The committee will give preference to those projects that clearly state how PARTNERS funds will be used in support of the project or topic. How do you anticipate using these funds? Please itemize your anticipated needs. We are asking this in order to maximize the number of projects that can be completed throughout the year.

B. Check which ways you anticipate the Luther Resource Team could assist your curriculum:

- | | | |
|---|---|---|
| <input type="checkbox"/> small group discussion | <input type="checkbox"/> lecture | <input type="checkbox"/> life skill |
| <input type="checkbox"/> large group discussion | <input type="checkbox"/> slides/videos | <input type="checkbox"/> panel presentation |
| <input type="checkbox"/> experiments | <input type="checkbox"/> computer-assisted learning | <input type="checkbox"/> role play |
| <input type="checkbox"/> experiential activity | <input type="checkbox"/> create a project | <input type="checkbox"/> technical advice |
| <input type="checkbox"/> demonstration | <input type="checkbox"/> other: _____ | |

IV. EVALUATION AND OUTCOMES

A. How do you intend to measure outcomes for your students? (Please be specific, not just “rubrics”.)

B. How do you intend to measure outcomes for your own course goals/objectives?

V. PAST PROJECTS

Have you received a PARTNERS award in the past? YES _____ NO _____
If so, what was your project, and when did it take place?

SEND TO: Andrea Carlson Olin 344 Luther College 700 College Drive Decorah, IA 52101
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