



Teacher Scientist Network (Wales)
Small Grants Scheme Application Form

Name of Applicant:

Name of Partner:

Applicant's Address:

Partner 1: Email

Telephone

Partner 2: Email

Telephone

Title of Project:

Brief description of project (No more than 400 words).

Continued on page 2

Approximate number of pupils involved:
Age range targeted:
Proposed start date:
Proposed end date:

Breakdown of costs:

Total amount requested from TSN (Wales) £

Applicant declaration:

I agree to ensure that the project is carried out in accordance with the criteria stipulated. I accept that, if I am successful in my application but do not complete the final project and evaluation report, Teacher Scientist Network (Wales) may seek re-payment of any funding awarded.

Signed: _____ Date: _____

Head teacher support declaration:

I declare that I support the application for project grant funding from Teacher Scientist Network (Wales).

Name: _____

Signed: _____ Date: _____

***Please return completed application forms to the TSN (Wales) coordinator,
Techniquet, Stuart Street, Cardiff, CF10 5BW by 5pm on 1 April 2007.***