



# St. Louis School-Business Partnership

## Business Educator Experiential Learning Award

Application 2018-2019

Please Type or Print – You May Attach Additional Printed Sheets

Return completed application and required information electronically by **Monday, April 15, 2019** at 4 p.m. to:

**Brett Richardson – [bdrichardson@stlcc.edu](mailto:bdrichardson@stlcc.edu)**

**Disclaimer:** "In order to apply for the award, your district must be a paid member prior to December 2018"

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

District: \_\_\_\_\_

Subject (courses): \_\_\_\_\_

### Describe your proposed experiential learning project and how much funding you are seeking?

\_\_\_\_\_  
\_\_\_\_\_

### Which company or organization do you plan to do this project with?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

### How will this opportunity benefit your students?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### How will the proposed funding benefit your project?

1. \_\_\_\_\_
2. \_\_\_\_\_

3.

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### Organizer Contact information

Please list the name and contact information of project evaluator or supervisor:

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### Agreements:

I \_\_\_\_\_ agree to the following:

1. I am seeking assistance for planned experiential learning experience with a member business or industry.
2. Monies approved for this opportunity are not considered salary or a stipend.
3. Monies approved for this opportunity will be used toward the actual costs of attending or participating in the proposed project. (*including but not limited to: travel, registrations, materials, supplies.*)
4. Monies approved for the opportunity will be paid on a reimbursement basis upon receipt of a "final project report"
5. The "final project report" will present a summary of goals and objectives achieved at the Fall Kickoff Event in September. (please include receipts where appropriate)

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(Educator signature)

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(School Business Partnership)

### Internal Use Only:

Amount Approved \$ \_\_\_\_\_

Amount Expensed \$ \_\_\_\_\_

Amount Reimbursed \$ \_\_\_\_\_

Check Number: \_\_\_\_\_