



Alpha State Texas Educational Foundation (ASTEF)

2024-2025 Project Stipend Application

NEW Project Application

Refer to the *Project Stipend Application Guide* (posted on the ASTEF website at <https://www.astef.org/forms.html>) for guidelines and instructions for downloading and completing this application form.

Project Title:			
Project Type (Circle one):	<input type="checkbox"/> Individual	<input type="checkbox"/> Chapter	
	<input type="checkbox"/> Coordinating Council	<input type="checkbox"/> Area	
Applicant Name (i.e., Chapter; Area; Coordinating Council; or Individual)			Area No.
Amount of Funding Requested:	\$ _____		

Have you received a project stipend for this project before? Yes No

(If yes, please use the **RETURNING Project Application form**.)

Does your chapter financially support ASTEF? Yes No

Describe how: _____

Please fill in this table:

Number of members in chapter:	
Number of members who actively participate in meetings, projects, or events:	
Number of members who are actively involved in this project:	

Complete the Project Budget Form: (or attach a detailed budget)

If using the budget form below to provide a detailed budget for the project by category/type of cost, please fill out this portion completely, leaving nothing blank.

It is anticipated that the applicant will provide or solicit contributions/donations to assist the project financially. Include any other anticipated funding donated/contributed by the chapter/applicant or other sources.

If there are still ASTEF funds remaining on June 30th, 2025, please contact the VP of Programs and Projects: programs.astef@gmail.com for direction. It is very important that these funds are applied to what they were granted for initially.

Funds Requested from ASTEF (list by type/category)	Cost
	\$
	\$
	\$
	\$
	\$
	\$
Total Costs Requested from ASTEF	\$

List any other anticipated funding/donations/contributions for the project:

Anticipated Source of Funding and Description of Item(s)	Amount/Value
	\$
	\$
	\$
Total of other anticipated funding	\$

In the event that full funding is not awarded by ASTEF or donated/contributed by others, please describe how the project can be modified.

Attach a clear, concise narrative description of the project (limited to two pages, Times New Roman or Arial 12 pt. type). Include the following information in the order requested and **use the following headings**:

- **Project description and rationale**: Clearly describe your proposed project. Be sure to include your goal(s), anticipated outcome, and timeline of key activities. Include who, what, where when and how the project will have a direct impact on educators and/or students.
- **Connection to the ASTEF mission and project beneficiaries**: Describe specifically how the project is connected to ASTEF’s mission and **who** will benefit from project. How will your proposed project directly impact activities that support professional and personal growth of women educators in Texas, AND/OR, how will your project directly impact educational excellence for Texas students? Include the name of the school, school district, organization, community, city/town, etc. If the project will serve **teachers/educators**, describe how men will be included in project services and activities. If your project focuses on students, please include the following: age, grade level, gender, population, and if economically disadvantaged. How does this project impact the students’ educational career and goals?
- **Involvement in Project Implementation**: Describe specifically **how members will be actively involved** in the various activities of this project (if chapter, coordinating council, or area project). You are encouraged to develop activities that involve most or all of your members in some aspect of the project.

Anticipated Impact: Describe the anticipated impact (include description of target population, anticipated number to be served, and data to be collected to evidence impact). Describe how the success of the project will be determined/measured and how you will know if it was successful. Measurement tool should yield concrete and specific data that indicates success of the project.

Project Manager submitting the application:

Name:	*Email:
Mailing Address:	Telephone:
City/Zip Code:	Alt. Phone:

*Please provide personal email in all cases if possible. Many school districts have firewalls that prevent emails from being delivered. ASTEFL is not responsible for undelivered emails.

Alternate Contact Person (in the event we are unable to reach the Project Manager):

(Required if applicant is a chapter, area, or coordinating council)

Name:	*Email:
Mailing Address:	Telephone:
City/Zip Code:	Alt. Phone:

If the project is selected for funding, the check will be written payable to the applicant (i.e., the individual, chapter, area, or coordinating council, as applicable). If the check is not picked up when awards/checks are presented during the ASTEF Annual Meeting at TSO Convention, the check will be mailed to the Chapter Treasurer on file at TSO Headquarters (except in the case of an individual applicant).

By typing your name below, you are certifying that you have the authority to submit this application; the information contained herein is true and correct; you will ensure the project is carried out as stated and that the requirements and deadlines will be met.

Your Typed Name:	Date:
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Application Deadline: April 1, 2024

Send completed application and the two-page narrative electronically in one email to

programs.astef@gmail.com

(Screen shots will not be accepted)