ARS Traveling Teacher Program Application

Traveling Teacher Coordinator: David Melanson, damelansonars@gmail.com
Submission Deadline: March 1, for projects beginning after September 1

Location/Host

Note: If two locations wish to work together for cost efficiency, please contact the Traveling Teacher Coordinator to discuss details.

Contact person

Traveling Teacher

Total anticipated travel expense per visit: ______________________ (x up to 4 visits for line below. Round-trip fares based on current prices; gas mileage at .50/mile)

Amount requested $__________ Please note that no single grant will exceed $1600.

Dates of visits: ____________ ____________ ____________ ____________
(3 to 4 visits between September 1 through August 31 of the following year)

Number of students to be instructed: ______________________

Names of at least three ARS members who will be participating:

________________________________________________________

Comments (if any) for the committee:

________________________________________________________

________________________________________________________

The above-listed teacher has agreed to visit our target area on the dates listed and provide up to ten hours of lessons and group coaching on each visit, in exchange for $500 per visit to be paid by us (any additional coaching will be paid at the rate of $50/ hour.) In addition we, as hosts, will provide housing, food, and local transportation for each visit.

The teacher will submit travel receipts (or mileage) to the Traveling Teacher Coordinator immediately after each visit for reimbursement. The host/contact person will submit a written report, preferably with photos, to the Traveling Teacher Coordinator when the visits are completed for program evaluation and possible inclusion in the ARS Newsletter.

________________________________________________________
Contact person, *PRINT*

________________________________________________________
Contact person, email

________________________________________________________
Contact person, signature

________________________________________________________
Contact person, phone #