2025 Lean into Learning

Innovative Technology Education Fund

Qualifying Information

The Innovative Technology Education Fund's Lean into Learning grant cycle supports educators seeking professional development experiences that inspire excitement and curiosity in their classroom or school. Lean into Learning provides up to \$5,000 per grant--two participants may be included in one application if the total cost is \$5,000 or less.

NOTE: Read your application carefully before submitting; incomplete applications cannot be considered for funding.

School Zip Code (Greater St. Louis area)*

Please enter 5-digit zip code. ITEF only funds schools in the greater St. Louis area. Please see our website for a complete list of MO and IL zip codes.

Please choose best description*

Choices

Yes, we are an accredited public, independent or parochial school in Missouri or Illinois.

No, we are not an accredited public, independent or parochial school in Missouri or Illinois.

Yes, we are a licensed K-12 charter school in Missouri or Illinois for three years or more.

Agreement Commitment*

I agree to complete and submit my feedback to ITEF within 10 business days of completing my PD. I understand failure to comply removes me from eligibility for a PD grant in the following year. My feedback will include a) my key learnings; b) how the experience will impact my pedagogy; c) whether this experience should be recommended for other educators.

Choices

Yes, I agree to comply with the feedback requirements.

No, I do not agree to comply with the feedback requirements.

Name of Conference, Subject Expert or Location(s) for Site Visit*

State name of conference, subject expert or city(ies) if a site visit

Character Limit: 100

Application

Name of School and District*

Character Limit: 100

Name of Educator(s) Attending PD*

List the following:

- 1. First and last name
- 2. Role/title
- 3. School email address
- 4. Preferred summer email address
- 5. Preferred phone number

Character Limit: 2500

Professional Development Selection*

What type of professional development are you selecting? Check all that apply.

Choices

Attend a conference or training Bring an expert to your school or district Collaborative work session Visit a school

Professional Development Selection*

Please briefly explain why you selected this professional development experience.

Character Limit: 500

Attending a Professional Development Experience

List the name of the conference, event, school visit or virtual conference you wish to attend. Where and when is it occurring?

Include website links to the conference, school or other relevant information if available.

What?

Where?

When?

List the date your professional development experience begins and the date it ends.

Character Limit: 2500

Successful PD grants reflect creativity, expand an educator's knowledge and include at least one peer educator with whom the experience can be shared. ITEF believes sharing the PD experience expands thinking and increases the synergy and exploration. Therefore, ITEF requires an additional educator be included in your request. See instructions below for how to list a second educator within one application.

Travel Colleague

If you are attending a conference, event or visiting a school, or virtual conference/event, who from your district or school will also be in attendance? **List their name(s), title(s) and email.** If the per person cost is \$2,500 or less, you may list another educator on your application. If the cost exceeds \$2,500 per person, a separate application must be submitted. Your PD request MUST NOT exceed \$5,000 per application.

Character Limit: 1500

Budget Expenses--Conference*

List all expenses <u>per person</u> associated with your experience in a line item budget. Include links (when available) to conference expenses including registration and hotel fees.

- 1. Hotel cost per night, including fees and taxes:
- 2. Conference dates:
- 3. Number of hotel nights:
- 4. Airfare:
- 5. Conference registration fee:
- 6. Transportation to/from airport in StL:
- 7. Transportation to/from airport to hotel:
- 8. \$30/day for meals:
- 9. If needed, substitute teacher total fee:

TOTAL FOR INDIVIDUAL:

TOTAL FOR TWO TRAVELERS, IF APPLICABLE:

(Not to exceed \$5000 per application)

Character Limit: 250

Total Amount Requested--Conference

Character Limit: 250

Bringing PD to your School or District*

We are bringing an expert to our school or district.

Choices

Yes, we are bringing an expert.

No, we are not bringing an expert.

Preparation for Bringing PD to your School or District

- 1. Who is/are the expert(s) you are inviting? List name, title, professional affiliation.
- 2. What is the date of your event?
- 3. How many people will be invited?
- Venue name and address

5. How will your district support this plan?

Character Limit: 5000

Budget Expenses--Expert Speaker*

List all expenses associated with your experience in a line item budget. State specific costs <u>with links</u>, <u>quotes</u>, <u>etc.</u> where possible when listing fees, honorariums, etc. <u>State a total \$ amount for your request</u>. <u>Your PD request MUST NOT exceed \$5000 per application</u>.

Character Limit: 2500

Total Amount Requested--Expert Speaker

Character Limit: 250

Sharing Learnings with Peers*

How will you share your learning with other educators and colleagues?

Character Limit: 1500

Innovator Grant Application*

Will you apply for an Innovator grant in the upcoming grant cycle?

Choices

Yes, I will apply. No, I will not apply.

E-payment Approver*

If your grant is approved, ITEF transmits payment electronically. State the <u>name, title and email</u> of the administrator who can approve e-payments. Note: ITEF will cover any administrative fees incurred by this transaction.

Character Limit: 1000

Letter of Recommendation*

You must include a signed letter of recommendation from a school administrator such as your principal or direct supervisor that demonstrates you have their support to participate in this professional development experience. The letter must include their name, title and email on official school or district letterhead.

File Size Limit: 2 MB

Thank you for your interest.

Thank you for your interest in the Lean into Learning grant!