INSTRUCTIONS

1. At least one representative from the school faculty must complete the form, and a department head/supervisor signature is required.

2. Please return the application as soon as possible.
   Email to: Amanda Mayer at angruhl@mit.edu
   Or fax: 617-253-1535
   Or mail to: Amanda Mayer (Re: Donated Sets)
   Massachusetts Institute of Technology, Room 10-110
   77 Massachusetts Ave.
   Cambridge, MA 02139

3. Please also have your Admin fill out the Order Form we have online, this will streamline the process of adding you to our recipient list. Thank you very much!
   https://edgerton.mit.edu/node/1811
MIT EDGERTON CENTER
DNA/PROTEINS DONATION FORM
2017-2018 School Year

Educator’s name: ____________________________

Preferred method of contact? (Please circle) email work phone cell phone home phone

Email (write clearly): ____________________________________________

Telephone (work): ________________ (home or cell): _______________________

School/Organization Name: ____________________________________________

School/Organization Address: ____________________________________________

Supervisor/Dept Head Name: ____________ Email: ____________ Phone: ____________

Estimated number of students and/or teachers impacted: _______________________

Approximately when this year do you intend to use this curriculum (what month)? ____________

Classroom teachers: In what grades and subject area(s) will you use our curriculum? (For other educators: Please give a brief description of your program, after-school program, home school program, etc.)

Please describe why you feel your school, classroom, or organization deserves these kits for free. (Do you teach in a low performing district? An economically disadvantaged district? Do you feel your program needs more hands-on learning?)

SIGNATURES REQUIRED

My signature below represents my acknowledgement that I have read this Grant Application and approve it for submission to the MIT Edgerton Center for review.

Teacher/Educator ____________________________ Date ________________

Department Head/Supervisor ____________________________ Date ________________