



Sawnee Electric Membership  
**FOUNDATION**

Supporting the Communities We Serve

Sawnee Electric Membership Foundation  
“Bright Ideas” Program  
Application

Application Instructions

**\*\*Please attach a copy of tax id form “W9”**

- All parts of the application must be completed.
- Bright Ideas classroom grants cannot be used for: Teacher Development, Field Trips, iPads, Kindles, Laptops, etc.
- Only one (1) grant application per teacher, per year will be accepted.
- Grants will be awarded to certified teachers instructing students in grades K-12 within Sawnee EMC’s service territory.
- All applicants must agree that their name, photo and project may be used in publications of Sawnee EMC and / or the Sawnee Foundation.
- The Foundation Board meets quarterly. Please contact Mandy Love at 678-455-1579 or [mandy.love@sawnee.com](mailto:mandy.love@sawnee.com) for application deadlines.
- Applications should be sent via mail **or** email to:
  - Sawnee Foundation ***Bright Ideas***
  - Attn: Mandy Love
  - P.O. Box 1174
  - Cumming, GA 30028

Email - [mandy.love@sawnee.com](mailto:mandy.love@sawnee.com)



## APPLICANT INFORMATION

School Name:

Teacher's Name:

Email address:

School Information:

Address:

City

State

Zip Code

Phone Number:

Cell Phone :

School Tax ID Number:

**\*\* Please attach a copy of tax id form "W9"**

Principal's Name:

**Applicant Agreement:** I am a certified teacher in an accredited Georgia K-12 school in Cherokee, Dawson, Forsyth, North Fulton, Gwinnett, Hall or Lumpkin County. I have the support of the school principal. This is the only application I have submitted. I will use this grant, if awarded, for students in grades K-12. I agree, if I win, to submit a report giving the project results. I also agree that my name, photo and information about the grant may be used in publications and publicity of Sawnee EMC and / or the Sawnee Electric Membership Foundation without compensation to me or my team members. Applicants will be considered to agree with these terms with a submitted application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

## PROJECT OVERVIEW

Title of Project

Curriculum areas this grant will address

Number of students to benefit from project

Grade levels impacted

Does project involve teamwork?                      Yes                      No

If “yes”, number of team members

Description of Project / Show educational component *(attach additional pages if necessary)*

What makes this project innovative and / or creative? *(attach additional pages if necessary)*

How will this project benefit students? *(attach additional pages if necessary)*

How will this project be implemented? If you will be assisted by others, include what they will be doing. Do not include names of people. For example, instead of “Ms. Smith or Mr. Roberts will...”; “other 4<sup>th</sup>-grade teachers will...” *(attach additional pages if necessary).*

