# **UCTM 2025 Professional Learning Grant Application**

All K-12 teachers in Utah who teach, coteach, or support teaching of mathematics are eligible to apply.

To apply, save this file as a pdf using the following format: LastName\_FirstName\_Learn2025. Go to the *Grants* tab on the UtahCTM.com website and follow the instructions to upload and submit your application.

Proposal Title (please choose something that is descriptive, NOT "Proposal" or "Professional Learning.")		
<ul> <li>Title must be &lt;72 characters</li> </ul>		
Title:		
Please confirm that you are applying for our <i>Professional Learning Grant</i> . The scope of your application should focus on your own professional learning.		
☐ Yes, my application outlines how I would spend up to \$1500 to support my personal professional learning.		
Applicant Information:		
Your name:	Please provide the name and email address of your principal:	
Your email:		
Grades you teach or support:		
Your school:	Please provide the name and email address for the supervisor of mathematics in your district:	
Your school district:	mathematics in your district.	
	enses related to my absence during the workday. I understand that if ication require me to miss contracted work time, I will either use my employer.	

# **Purchasing information:**

Indicate the address that should be used for registration or any shipped materials. Please indicate if this address is for your home or school, as this will affect the hours when items can be delivered. If the materials need to be shipped to an address other than your home or school address, the reason should also be included in this text box.

#### Address:

### Itemized table for expenses

You may apply for up to \$1500 of professional learning support. Insert additional rows below as needed.

Description  Enter a short description of the item or event that needs to be purchased. Include any relevant registration/ submission deadlines. Note that these events must occur between September 1, 2025 and December 31, 2026 to be considered for this grant.	Quantity	Payment/Purchasing details  Explain how UCTM will pay for this item if your application is awarded.	Amount (\$) Include tax and shipping charges, if applicable.
			\$
			\$
			\$
		Total amount (\$)	

Use this general text box for additional details that do not fit in the expense line-item boxes (if needed). This may include information about known promotions, purchase dates, or other information that may affect the purchase price.

<b>Purpose:</b> Write a concise statement that summarizes what you hope to accomplish by engaging in this experience. You will elaborate on this purpose in the remaining sections of this application.
Purpose(s) (limit response to 100 words):

Action: Describe your intended experience.

• Describe the experience you hope to have. Your description should be focused, feasible, and clearly align with the purpose section of this application. Describe the timeline for when this experience will occur.

#### Scoring criteria:

- The proposed action is reasonable and achievable.
- The action is clearly aligned to the purpose.
- The action includes a complete and sequenced description of each activity relevant to the proposal, <u>including the dates the activities will</u> take place.
- The action addresses professional learning that will support your ability to teach through inquiry, problem-solving, modeling, or other student-centered, active-engagement methods of instruction that is rooted in a guiding document for mathematics instruction (<a href="The Utah">The Utah</a>
  <a href="Core Standards">Core Standards</a> and Math Practice Standards</a>, NCTM Principles to Action, NCTM Catalyzing Change Series, The National Board for Professional Teaching Standards, <a href="Utah">Utah</a>'s PK-12 Mathematics Framework</a>, etc.).

<b>Action</b> (limit response to 750 word	(s):		

**Impact Assessment:** With your purpose in mind, describe your desired outcome(s). Identify what you hope to accomplish, learn about, be able to do better or differently, and/or the change that you want to support in your classroom or beyond. Focus your description on your own learning - while we are confident your students will benefit from this experience, we want to know what you, as an educator, hope to learn.

#### Scoring criteria:

- The applicant clearly states the intended impact that this experience will have on their practice.
- The applicant articulates what feasible progress towards the intended impact looks like.
- The applicant identifies potential sources of data used as evidence of the impact of these materials.
- The applicant clearly describes how data will be analyzed and how progress will be monitored.

Impact Assessment (limit response to 750 words):

**Outcomes & Reflection:** If your application is approved and UCTM funds your professional learning, we would like you to share your learning with other teachers by presenting at the annual UCTM conference. Accepting this financial support indicates your willingness to be a presenter at the next UCTM conference. As a presenter you are given free registration to the conference, but you may need to negotiate whether professional absence is covered by personal or professional leave time. If you are not able to attend the upcoming UCTM conference due to scheduling conflicts, you agree to present at the next annual conference.

Additionally, UCTM would like to document and photograph grant recipients engaging in the awarded opportunity they receive. Photographs may be used to promote UCTM events, including but not limited to future grants and/or conferences, on UCTM social media and/or publications. By accepting the financial support awarded through this grant you consent to sending and allowing UCTM to share your image and name, along with a description of your experience, on their social media platforms, at their events, and/or through UCTM publications.

Singing/typing your name below indicates your agreement to send UCTM pictures/media of your experience.	Signing/typing your name below indicates your agreement to present about your learning experience at the 2026, 2027 or 2028 UCTM conference.	Signing/typing your name below indicates your agreement to send any experience updates to grants@utah-CTM.org.
Grant applicant signature:	Grant applicant signature:	Grant applicant signature:

# How to apply:

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