STEM Education Grant ApplicationOpen Period April 1-August 15



Team Information	
Team Name/Number	
Team Website (optional)	
Coach Name	
Phone	
Email	
School Name	
Address	
Contact Information	
Payment Info	
Payable to	
Address for payment	
Participating SPEEA Member name	
Email	
Role on Team	
Tell Us About Your Team	
Number of Years	
Size of the Team	
Affiliations/Partners	
Is it a Robotics Team? □YES □NO	
If yes, (elementary, middle school, high school, or other)	
1. Statement of purpose	
2. Accomplishments in Community Out	reach – How many people do you reach to promote FIRST, and your sponsorship by SPEEA?
2.7 recomplishments in community outleach Trow many people do you reach to promote i mon, and your sponsorship by Si ELA:	

2(A) What type of outreach do you pro	ovide to your community? (Parades, mentoring young students, etc.)
3. How do you promote your sponsor	ship with SPEEA? (Banners, stickers, team uniform, team name, etc.)
Financial Information	
Previous Year Actual Budget (or Estimated Budget)	
Other Potential Funding Sources	
Agreement and Signature	
the time of the application. If we recei	rm that the facts set forth in it are true and complete to the best of our knowledge at ve grant monies as a result of this application, we agree to prominently display the leads of the l
SPEEA Member Contact Name (printed)	
Signature (or work email if filing online)	
Date	

Submit to: michelles@speea.org

Mail to: SPEEA Headquarters - STEM Grant Application, 15205 52nd Avenue South, Seattle, WA 98188

Please attach any other information you wish to submit: