New York State Education Department
Graduate Level Clinically Rich Teacher Preparation Pilot Program
Request For Proposals
Application For Funding
Cover Page

Instructions: Complete all parts of this form and include it as part of the application. One original and three copies of the completed application must be returned no later than January 28, 2011.

Name of institution: ____________________________________________________________

Address: _____________________________________________________________________

Name of project director (if selected): _______________________________________________

Title:_________________________________________________________________________

Address:______________________________________________________________________

Phone:__________________________ (Area Code)       (Number)                      (Ext.)

FAX:__________________________ (Area Code)       (Number)                      (Ext.)

Email Address:_________________________________________

Indicate which Model of the pilot preparation program the institution is applying for and include the number of candidates anticipated.

Model A Headcount: ______  Model B Headcount: ______

Model A - FTE:  ______  Model B - FTE:  ______

If your application includes a planning year (see Sect XVI), please indicate by checking this box  □

Name of person completing this form:__________________________ Date:____________________

Title:_____________________________________________________________ Phone:__________________________

_____________________________________________________________ (Area code) (Number) (Extension)

CEO name:____________________________________________________________________

CEO signature:_________________________________________________________ Date:____________________