### FRED J. AND JULIA C. KUEHNE MEMORIAL TEACHER GRANT

The information contained herein will be reviewed by the LaSertoma International Leadership Chairperson and treated strictly confidentially.

**Please complete in English.**

**Full Name**: **EMAIL**:

**Home Address**:

**Telephone**:

**Name, location and position held at current Elementary, Middle or High School:**

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**Approximately how much in personal funds did you spend on classroom materials in the most recent previous year of teaching?**

**Indicate why you would like a grant to supplement your classroom:**

**Indicate what supplies/teaching aids you will purchase with this grant: Will these supplies be used more than one year? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Tell us about a time you could not effectively teach or assist students due to a shortage of supplies or funding:**

**PLEASE ENCLOSE LASERTOMA INTERNATIONAL CLUB ENDORSEMENT (C5b).**

Signature of Applicant Date