

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: _____